Goik Michael K Form 4 October 31, 2018

### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** 

Check this box if no longer

Washington, D.C. 20549

3235-0287 Number: January 31,

0.5

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response...

Expires:

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Goik Michael K

Symbol

META FINANCIAL GROUP INC (Check all applicable)

(Last)

[CASH]

3. Date of Earliest Transaction Director 10% Owner X\_ Officer (give title Other (specify

(Month/Day/Year) 10/31/2018

(Middle)

below) See Remarks

C/O META FINACIAL GROUP, INC... 5501 SOUTH BROADBAND LANE

(First)

(Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

SIOUX FALLS, SD 57108

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities

(Instr. 3) (Month/Day/Year)

Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s)

(Instr. 3 and 4)

Code V Amount (D) Price Common

By 13,872 I Crestmark **ESOP** 

Common By Meta 392.0142 (1) I Stock **ESOP** 

Common Stock

181,956 D

Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

#### Edgar Filing: Goik Michael K - Form 4

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title an	d 8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Da	ate	Amount of	f Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	g Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 ar	nd 4)	Own
	Security				Acquired				Follo	
	•				(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Δm	nount	
								or	lount	
						Date Expiration Exercisable Date	Expiration		mber	
							Title Number of	illoci		
				Code V	(A) (D)			Sha	ares	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Goik Michael K C/O META FINACIAL GROUP, INC., 5501 SOUTH BROADBAND LANE SIOUX FALLS, SD 57108

See Remarks

## **Signatures**

Nichole M. Green, POA

\*\*Signature of Reporting Date
Person

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reflects allocation of shares and reinvestment of dividends pursuant to the Company's ESOP plan that have occurred since the date of the reporting person's last ownership report.

#### **Remarks:**

President of the Meta Commercial Finance Division

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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