## Edgar Filing: COHEN IRWIN - Form 4

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COHEN IRV	VIN										
Form 4											
May 02, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check the				0					Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									2005		
Section 16. SI Form 4 or					SECURITIES				Estimated average burden hours per response 0.5		
Form 5								response	0.5		
obligation	ns Section	<b>^</b>					-		n		
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
1(b).											
	<b>,</b> ,										
(Print or Type I	(kesponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of								Reporting Person(s) to			
COHEN IRWIN Symbol				MART INC [SMRT]				Issuer			
								(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check						k all applicable)		
				/Day/Year)				_X_ Director 10% Owner			
BARBARA BUISMAN, 11840 04/27/2				2018				Officer (give title Other (specify below)			
VALLEY VIEW ROAD											
(Street) 4. If Amer				ndment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/I				h/Day/Year)				Applicable Line) X Form filed by One Reporting Person			
<b>ΕDEN PR A</b>	EDEN PRAIREI, MN 55344 Form filed by One Reporting Person Form filed by More than One Reporting Person										
LDLITIKA		577						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Ace	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction		emed 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)						6. Ownership 7. Nat Form: Direct Indire (D) or Benef Indirect (I) Owne	7. Nature of	
Security	(Month/Day/Y						d of				
(Instr. 3)		any (Month					5)	Owned		Ownership	
Following (Instr. 4)									(Instr. 4)		
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						, í	\$		_		
Stock	04/27/2018			F	63	D	2.05	51,892	D		
Common							\$				
Stock	04/30/2018			F	39	D	ф 2.05	51,853	D		

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

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Tran (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh						
	Director	10% Owner	Officer	Other				
COHEN IRWIN BARBARA BUISMAN 11840 VALLEY VIEW ROAD EDEN PRAIREI, MN 55344	Х							
Signatures								
Chris Himebauch, attorney-in-fact	05.	/02/2018						
<u>**</u> Signature of Reporting Person		Date						
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).

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.