**KRASNOW TODD** 

Form 5

February 14 2019

February 14,	2019												
<b>FORM</b>	15								OMB AI	PPROVAL	-		
_	UNITED	STATES SI	S SECURITIES AND EXCHANGE COMMISSION						OMB Number:	3235-0	362		
Check this no longer										January	/ 31, 2005		
to Section Form 4 or 5 obligatio may contin See Instruc	Form ANN ons nue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 1				
1(b).	Filed pur oldings Section 17(s	a) of the Pub	olic Ut		g Compa	ny A	ct of 1		n				
1. Name and Address of Reporting Person * KRASNOW TODD			2. Issuer Name <b>and</b> Ticker or Trading Symbol TILE SHOP HOLDINGS, INC.					5. Relationship of Reporting Person(s) to Issuer					
		[T	[TTS]					(Check all applicable)					
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018				-	_X_ Director 10% Owner Officer (give title below) Other (specify below)					
	HOP HOLDING 00 CARLSON	S,											
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6	6. Individual or Joint/Group Reporting					
								(check applicable line)					
PLYMOUT	H, MN 55441						_	X_ Form Filed by I Form Filed by I Person					
(City)	(State)	(Zip)	Table	e I - Non-Deri	ivative Sec	urities	s Acqui	ired, Disposed of	f, or Beneficial	ly Owned			
(Instr. 3) any		Execution Da	ate, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price			d 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		1		
						(-)				as Powe of Attorne			
Common Stock	04/15/2018	Â		J	10,118	A	\$ 0	10,118	I	for	,		

Mother's Accounts (1)

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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.

SEC 2270 (9-02)

of D

# 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	e and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Securi	ties	(Instr. 5)	
Dei		Derivative				Securities				3 and 4)		
		Security				Acquired						
		•				(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date	Expiration		or		
							Exercisable Date	Title Number				
								2		of		
						(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

KRASNOW TODD C/O TILE SHOP HOLDINGS, INC. 14000 CARLSON PARKWAY PLYMOUTH, MNÂ 55441

 $\hat{A}$  X  $\hat{A}$   $\hat{A}$   $\hat{A}$ 

## **Signatures**

/s/ Amanda Lorentz as Attorney-in-Fact for Todd Krasnow pursuant to Power of Attorney previously filed.

02/14/2019

\*\*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).
- In connection with the April 15, 2018 death of his father, the Reporting Person took over authority for his mother's accounts. While

  Reporting Person exercises control of the shares via power of attorney, he disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for Section 16 or any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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