FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Gluchowski Gregory J. Jr.</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN OUTDOOR BRANDS CORP [AOBC] | | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title below) | | ng Person(s) to Is 10% C Other (below) | | Owner |
|--|---|---------|--|---|--|--|---|--------------------|---|--|---|--------------------|---|--|---------------------|--|--|---|---|--|---|
| I | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2018 | | | | | | | | | | | | | | |
| (Street) SPRINGFIELD MA 01104 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Indivine) | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | ar) Ē | Execution f any | a. Deemed ecution Date, any onth/Day/Year) | | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | Securi Benefi Owned | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 09/26/ | | | | | | | | | | A ⁽¹⁾ | | 5,501(| (1) A | | \$ <mark>0</mark> . | 00 | 25,067 | |] | D | |
| 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. Conversi or Exerci Price of Derivative Security | on Date | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ay/Year) | 4. Transactioi Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe | | | | vative Irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | of Sha | res | | | | | | |

Explanation of Responses:

1. 1/12th of the restricted stock units shall vest on the 26th day of each month following the date of grant. The shares underlying the vested restricted stock units shall be delivered in accordance with the Issuer's stock holding requirements and other policies.

Remarks:

Robert J. Cicero, as attorney-

in-fact

** Signature of Reporting Person Date

09/28/2018

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

- * 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.

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 Number.