FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
	OMB Number: 3235-02											
l	Estimated average burden											
	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 BUCHA	2. Issuer Name <b>and</b> Ticker or Trading Symbol  AMERICAN OUTDOOR BRANDS CORP  AOBC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify								
(Last) (First) (Middle) 2100 ROOSEVELT AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 04/27/2017								X Officer (give title Offier (specify below)  See Remarks				
(Street) SPRINGFIELD MA 01104  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. I Lin	ndividual or Joint/Group Filing (Check Applicable e)  X 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					th/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)	Date,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					Form (D) o	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)			(Instr. 4)
Common S	7/2017				A		22,900	1) A	\$0.0	0 1	112,913		D					
		Т	able II - I								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, Trans Code		nsaction of Deri		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of 9. Numl derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Performance Rights	(2)	04/27/2017			A		50,200	П	(2)		05/01/2021	Common Stock	50,200	\$0.00	50,2	200	D	

## Explanation of Responses:

- 1. One-quarter of the restricted stock units shall vest on each of the first, second, third, and fourth anniversaries of May 1, 2017. Shares, net of tax withholding, will be delivered on each anniversary of the applicable vesting date.
- 2. Each performance right represents a contingent right to receive one share of the Issuer's common stock. The performance rights vest based on stock performance over a three-year performance period, and shares, net of tax withholding, will be delivered on the first anniversary of the vesting date. The number represents the maximum number of shares that may be delivered pursuant to the award, which is two times the target number of shares.

## Remarks

 $The \ reporting \ person \ is \ the \ Executive \ Vice \ President, \ Chief \ Financial \ Officer, \ Chief \ Administrative \ Officer, \ and \ Treasurer.$ 

Robert J. Cicero, attorney-in-

\*\* Signature of Reporting Person

<u>fact</u>

04/28/2017

Date

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.