FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | burden | | | | | | | | |

0.5

hours per response:

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* FURMAN JOHN B | | | | | | <u>SN</u> | 2. Issuer Name and Ticker or Trading Symbol SMITH & WESSON HOLDING CORP [SWHC] | | | | | | | | | k all app Dired | pplicable) ector icer (give title | | Person(s) to Issuer 10% Owner Other (spec below) | | wner |
|--|--|--|-----|-----------------------------------|-------------------------|--|--|---|---|---------------------|--|---|---------------------|--|------|----------------------------------|---|--|---|--|------------------------------------|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2014 | | | | | | | | | belo | specify | | | | | |
| (Street) SPRING (City) | RINGFIELD MA 01104 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) 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 | | | | | | | | | | | | | | | | | | | | |
| Date | | | | Transaction ate Month/Day/Y | Executi Year) if any | | eemed tion Date, h/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | | Beneficially Owned Following | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tra | ported ansaction str. 3 an | | | | (Inst | r. 4) |
| Common Stock 06/24/20 | | | | 06/24/201 | .4 | | | A | | 5,000(1)(2) | A | \$0.00 |) | 51,534 | | D | | | | | |
| Common Stock | | | | | | | | | П | | | | | 16,100 | | I | | By Trust ⁽³⁾ | | | |
| Common Stock | | | | | | | | | | | | | | | | 1,000 | | I | | | Limited tnership ⁽⁴⁾ |
| | | | Tab | | | | | | | | | posed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | n Date, | | nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Expi (Mor | ration I hth/Day | (Year) | 7. Title Amoun Securit Underly Derivat Securit and 4) | t of ies /ing | nt er | | | | 10. Owners Form: Direct (I or Indire (I) (Instr | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- $1.\,100\%$ of the restricted stock units shall vest and be delivered on June 24, 2014, the date of grant.
- 2. The grant of restricted stock units also included a cash payment of \$25,000.
- 3. The shares are held by the reporting person's defined benefit pension trust, of which the reporting person is the sole trustee.
- 4. The shares are held by K.I.D.S. Properties, LP, of which the reporting person is a limited partner and a shareholder of the general partner.

Remarks:

John B. Furman

06/26/2014

directly.

** Signature of Reporting Person 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.