FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |          |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |
| 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*  |           |              |   |          |                | 2. Issuer Name and Ticker or Trading Symbol AMERICAN OUTDOOR BRANDS CORP |                  |                                 |                               |  |  |       |                                      |          | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                                   |                                      |  |            |  |
|---|-----------|--------------|---|----------|----------------|--|------------------|---------------------------------|-------------------------------|--|--|-------|--------------------------------------|----------|---|---|-----------------------------------|--------------------------------------|--|------------|--|
| BRITT ANITA D   |           |              |   | I -      | [ AOBC ]       |  |                  |                                 |                               |  |  |       |                                      | X        | Direc   | tor   |                                   | 10% Owner                            |  |            |  |
|   |           |              |   |          |                |  |                  |                                 |                               |  |  |       |                                      | [ 22     |   | Officer (give title   |                                   |                                      |  | (specify   |  |
| (Last)  | `         | ,            | (Middle)                                    |          |                | 3. Date of Earliest Transaction (Month/Day/Year)                         |                  |                                 |                               |  |  |       |                                      |          |   | below)  |                                   |                                      | below)   |            |  |
| 2100 RO   | OSEVEL    | Γ AVENUE     |   |          | 09/2           | 09/26/2018   |                  |                                 |                               |  |  |       |                                      |          |   |   |                                   |                                      |  |            |  |
|   |           |              |   |          | 4. If          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                 |                  |                                 |                               |  |  |       |                                      |          | 6. Individual or Joint/Group Filing (Check Applicable Line)             |   |                                   |                                      |  |            |  |
| (Street)  | FIELD I   | ЛΔ           | 01104                                       |          |                |  |                  |                                 |                               |  |  |       |                                      |          | X   | Form  | n filed by One                    | e Renor                              | tina Pers  | on         |  |
| JI KING   | I ILLED I | V17 <b>L</b> |   |          |                |  |                  |                                 |                               |  | 21   |       | orm filed by More than One Reporting |          |   |   |                                   |                                      |  |            |  |
| (City)  | (         | State)       | (Zip)                                       |          |                |  |                  |                                 |                               |  |  |       |                                      | Person   |   |   |                                   |                                      | g  |            |  |
|   |           | Tab          | le I - No                                   | n-Deriva | ative          | Sec  | curitie          | s Acc                           | quired,                       | Dis  | posed o  | f, o  | Ben                                  | eficia   | lly (   | Dwne  | ed                                |                                      |  |            |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                           |           |              |   |          | Execution Date |  |                  | Transaction Code (Instr. 5      |                               | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |  |       |                                      | ·        | Securi<br>Benefi  | ecurities<br>eneficially<br>wned Following  |                                   | ership<br>Direct<br>ndirect<br>r. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |            |  |
|   |           |              |   |          |                |  |                  |                                 | Code                          | v  | Amount   |       | (A) or<br>(D)                        | Price    |   | Transaction(s)<br>(Instr. 3 and 4)  |                                   |                                      |  | (111501.4) |  |
| Common Stock 09/26/   |           |              |   | /2018    |                |  | A <sup>(1)</sup> |                                 | 5,501 <sup>(</sup>            | (1) A S  |  | \$0.0 | 00 15,015                            |          | 5,015   | ]   | )                                 |                                      |  |            |  |
|   |           | Ţ            | able II - I                                 |          |                |  |                  |                                 |                               |  | sed of,<br>onvertib  |       |                                      |          | Ov  | ned   |                                   | ,                                    |  |            |  |
| 1. Title of Derivative Security (Instr. 3)  2. Conver or Exer Price of Derivat Security |           |              | 3A. Deem<br>Execution<br>if any<br>(Month/D | n Date,  | Code (I        | ransaction of ode (Instr. D) S   |                  | ative<br>rities<br>ired<br>psed | 6. Date Expiratio<br>(Month/D | e<br>ar)   | Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Number Number Number Number Number New |       | ount                                 | nt<br>er |   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow<br>For<br>Dir<br>or I<br>(I) ( | nership                              | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |

## 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.

- $^{\star}$  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.