

Holtaway Jonathan
 Form 3
 March 21, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | |
|---|--|--|---|--|
| 1. Name and Address of Reporting Person * Â Holtaway Jonathan (Last) (First) (Middle) | 2. Date of Event Requiring Statement (Month/Day/Year) 03/13/2019 | 3. Issuer Name and Ticker or Trading Symbol HAWTHORN BANCSHARES, INC. [HWBK] | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|---|--|--|---|--|

C/O HAWTHORN
 BANCSHARES, INC., Â 132
 EAST HIGH STREET, PO BOX
 688
 (Street)

JEFFERSON
 CITY, Â MO Â 65102
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|---|
| Common Stock | 295,789 | I | By Ategra Community Financial Institution Fund, LP ⁽¹⁾ |

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date | 3. Title and Amount of Securities Underlying | 4. Conversion | 5. Ownership | 6. Nature of Indirect Beneficial Ownership |
|---|---|--|---------------|--------------|--|
|---|---|--|---------------|--------------|--|

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| (Month/Day/Year) | Date Exercisable | Expiration Date | Derivative Security (Instr. 4) Title | Amount or Number of Shares | or Exercise Price of Derivative Security | Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) |
|------------------|---------------------|--------------------|--|----------------------------------|---|--|------------|
|------------------|---------------------|--------------------|--|----------------------------------|---|--|------------|

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Holtaway Jonathan
C/O HAWTHORN BANCSHARES, INC.
132 EAST HIGH STREET, PO BOX 688
JEFFERSON CITY, MO 65102

^ ^ ^ ^

Signatures

/s/ Jonathan D.
Holtaway

03/21/2019

**Signature of Reporting
Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

(1) The reporting person serves as an owner and managing member of the general partner of Ategra Community Financial Institution Fund, LP (the "Fund"), as an owner, president and managing member of the registered investment advisor founded by the reporting person to manage the Fund, and as co-portfolio manager of the Fund. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

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