#### Edgar Filing: ENZOR GARY - Form 4

ENZOR GAP Form 4	RY									
May 17, 2018	3									
•								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.							burden hou response	Estimated average burden hours per response 0.		
(Print or Type R	esponses)									
ENZOR GARY Syr			2. Issuer Name <b>and</b> Ticker or Trading Symbol USA TRUCK INC [USAK]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of Earliest Transaction (Check					ck all applicable	k all applicable)	
3200 INDUS	(Month/Da	nth/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>					
VAN BURE	N, AR 72956							More than One R		
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			)	SecuritiesIBeneficially0OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	05/15/2018		Code V A	Amount 1,534	(A) or (D) A	Price \$ 0	Transaction(s) (Instr. 3 and 4) 1,534	D		
Stock				(1)	••	ΨŪ	-,00			
Common Stock							35,948 <u>(2)</u>	Ι	By Trust	

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
					· · ·						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicitudie	Dute		of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh	lips			
	Director	10% Owner	Officer	Other		
ENZOR GARY 3200 INDUSTRIAL PARK ROAD VAN BUREN, AR 72956	Х					
Signatures						
/s/ Zachary B. King, attorney-in-fact herewith.		05/17/2018				
**Signature of Report			Date			

## **Explanation of Responses:**

\* 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).

Represents annual award of restricted stock under the USA Truck, Inc. 2014 Omnibus Incentive Plan, as amended, as part of the

- (1) non-employee director compensation package. The shares will vest on the date of the Company's 2019 Annual Meeting, subject to certain acceleration and forfeiture provisions.
- (2) The reporting person disclaims ownership of the shares to the extent that the number of shares exceeds his pecuniary interest in the shares.

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.