

# EMCLAIRE FINANCIAL CORP

Reported by  
**LUCCO MATTHEW J**

## FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/08/16 for the Period Ending 12/07/16

Address	612 MAIN ST EMLENTON, PA 16373
Telephone	7248672311
CIK	0000858800
Symbol	EMCF
SIC Code	6021 - National Commercial Banks
Industry	Banks
Sector	Financials
Fiscal Year	12/31

**FORM 4****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**OMB APPROVAL  
OMB Number: 3235-0287  
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).**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF  
SECURITIES**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 * <b>Lucco Matthew J</b>  (Last) (First) (Middle) <b>105 VISTA DRIVE</b>  (Street) <b>SLIPPERY ROCK, PA 16057</b>  (City) (State) (Zip)		2. Issuer Name and Ticker or Trading Symbol <b>EMCLAIRE FINANCIAL CORP [EMCF]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  ___ Director ___ 10% Owner <input checked="" type="checkbox"/> <b>X</b> ___ Officer (give title below) ___ Other (specify below) <b>Treasurer and CFO</b>
		3. Date of Earliest Transaction (MM/DD/YYYY) <b>12/7/2016</b>	6. Individual or Joint/Group Filing (Check Applicable Line)  ___ Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
		4. If Amendment, Date Original Filed (MM/DD/YYYY)	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/7/2016		A		1000	A	(1)	8051 (2)	D	

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

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		(A)	(D)	Date Exercisable	Expiration Date				

**Explanation of Responses:**

- (1) Restricted stock grants issued by the Corporation subject to three year cliff vesting.  
(2) Balance includes 1,201 shares acquired under the Corporation's 401(k) Plan.

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>Lucco Matthew J 105 VISTA DRIVE SLIPPERY ROCK, PA 16057</b>			<b>Treasurer and CFO</b>	

**Signatures**Matthew J. Lucco, Treasurer & CFO12/8/2016

\*\*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 control number.