McBride Michael X Form 4 August 27, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

5 Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

response...

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person *

See Instruction

McBride Michael X			2. Issuer Name and Ticker or Trading Symbol SB ONE BANCORP [SBBX]						Issuer (Charle all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)							
GIO GUIGGEV DA NGODD 200			(Month/Day/Year)						X Director 10% Owner Officer (give title Other (specify					
C/O SUSSEX BANCORP, 399 ROUTE 23			08/23/2018						below)	below)	ther (specify			
(Street)			4. If Ame	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check				
FRANKLIN, NJ 07416			Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
FRANKLIN	N, INJ 07410								Person					
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative :	Secur	ities A	cquired, Disposed	of, or Benefic	ially Owned			
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Da		n Date, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Code	V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)					
Common Stock	08/23/2018			A		32.22 (1)	A	\$ 0	2,026.48	I	by Dir. Deferred Comp. Agreement			
Common Stock									6,425	D				

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

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

1. Title of	2.	3. Transaction Date		4. T	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amour	it of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. :	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(=====
					4, and 5)						
					4, and 3)						
									Amount		
						D.	Б		or		
						Date	Expiration	Title 1	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
• 0	Director	10% Owner	Officer	Other				
McBride Michael X								
C/O SUSSEX BANCORP	X							
399 ROUTE 23	Λ							
FRANKLIN, NJ 07416								

Signatures

Linda Kuipers, Attorney-in-Fact 08/27/2018

**Signature of Reporting Person

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).
- (1) These shares represent stock purchased pursuant to the Company's Amended and Restated Director Deferred Compensation Agreement due to the deferral of director's fees and dividends earned through same by this reporting person.

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.

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