FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|------------------|---------------|--------------|------------------|

OMB APPROVAL OMB Number: 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).

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* Errant James S (Last) (First) (Middle) C/O LAWSON PRODUCTS, INC. 8770 WEST BRYN MAWR AVENUE, SUITE 900 (Street) | | | | | | Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ LAWS] 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) 07/29/2015 | | | | | | | | | Check X Indivine) | all app Direct Office below | eer (give title Other (spec | | wner (specify pplicable | |
|---|--|------|-------------------|---------|---|---|--|-------|--------------------|---|---|---------|------------------------------|---|--|---|-----------------------------|--|-------------------------------|--|
| CHICAG (City) | | | 50631 (Zip) | | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ber | nefici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | and 5) S B O | | 5. Amount of Securities Beneficially Owned Following | | ship rect lirect 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock, \$1.00 par value ⁽¹⁾ 07/27/2 | | | | 2015 | | S | | 900 D | | D | \$27 | 7.5 | .5 468,858 | | I | | By trust. | | | |
| Common Stock, \$1.00 par value ⁽¹⁾ 07/27/2 | | | | 2015 | | S | | 200 | | D | \$27.715 | | 468,658 | | I | | By trust. | | | |
| Common Stock, \$1.00 par value ⁽¹⁾ 07/28/2 | | | | 2015 | | S | | 1,800 | | D | \$27 | | 466,858(2) | | I | | By trust. | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion or Exercise Price of Derivative Security Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Sec | | Transa Code (I | instr. | on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nstr. 3 | unt per | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owne Form Direct or Ind (I) (Ins | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. This Form 4/A amends and restates the transactions previously recorded on the Form 4 filed on 7/29/2015. The transactions recorded on the previously filed Form 4 were incorrectly applied to the shares directly owned by Mr. Errant. These transactions are actually related to the indirectly owned shares as reflected above.

2. Mr. Errant also has direct ownership of 28,241 shares.

Remarks:

/s/ Neil Jenkins, Attorney-in-

Fact

** Signature of Reporting Person

Date

08/04/2015

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 Number.