FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|-------------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| | la constant | | | | | | | | |

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

37 Estimated average burden hours per response: 0.5

| | | | | | or S | ection | 30(h) | of the i | nvestm | ent Co | mpany Act | of 194 | 10 | | | | | |
|--|---|--------|---------|-------------------------------------|---|--|--------|--|---|---------|----------------------------|---|---|---|--|-----------------------|-------------------|------------|
| Name and Address of Reporting Person* Chittum Shane | | | | | 2. Issuer Name and Ticker or Trading Symbol MCBC Holdings, Inc. [MCFT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| | | | | | | | | | | | | | | cer (give title | | (specify | | |
| (Last) | (Fi | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | A bel | , | below |) | | |
| 100 CHEROKEE COVE DRIVE | | | | 02/1 | 02/19/2016 | | | | | | | | | Cnier Oper | rating Officer | | | |
| (Street) | | | | | 4. If <i>i</i> | Ameno | dment, | Date o | of Origin | al File | d (Month/Da | ay/Yea | ar) | | . Individual ine) | or Joint/Group | o Filing (Check A | Applicable |
| VONOR | E TN | 1 3 | 37885 | | | | | | | | | | | | | • | e Reporting Pers | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | m filed by Moi son | re than One Rep | oorting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | Transaction Disposed (Code (Instr. | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | d 5) Secu Bend Own | rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A (D | () or () | Price | | saction(s) r. 3 and 4) | | (Instr. 4) | |
| Common Stock 02/19/20 | | | | | 2016 | | | | S ⁽¹⁾ | | 73,165 | | D | \$11.3 | 37 ⁽²⁾ | 97,040 | D | |
| 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) | rative Conversion Date Execution Date, if any | | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | f g nstr. 3 nount | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. The sales reported in this Form 4 were effected under the company's stock repurchase program. The sales were executed by the reporting person in order to satisfy tax obligations that arose in connection with the vesting of shares of restricted stock granted to the reporting person prior to the company's July 2015 initial public offering.

Exercisable

Date

2. The price reflects the volume-weighted average price for the five day trading period ended February 18, 2016.

/s/ Shane Chittum 02/23/2016

** Signature of Reporting Person Date

Shares

Title

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).

Code V

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.

(A) (D)