SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 Ac <u>McNew Te</u>		2. Date of Event Requiring Staten (Month/Day/Year 07/16/2015	nent 📘	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MCBC Holdings, Inc.</u> [ MCFT ]							
(Last) (First) (Middle) 100 CHEROKEE COVE DRIVE (Street) VONORE TN 37885 (City) (State) (Zip)		-			ationship of Reporting Pers ( all applicable) Director Officer (give title below) President and (	10% Ow Other (s below)	ner	(Mor 6. Inc	hth/Day/Year) dividual or Joint icable Line) Form filed b	ate of Original Filed /Group Filing (Check y One Reporting Person y More than One erson	
			Table I - Non	-Derivati	ive Se	ecurities Beneficial	ly Owne	k	-1		
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common stock						48,570	D				
						urities Beneficially options, convertible		es)			
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		or Ex	ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of	Posnonsos:		Date Exercisable	Expiration Date	Title	9	Amoun or Numbe of Shares	Secur	ative	Direct (D) or Indirect (I) (Instr. 5)	

<u>/s/ Terry McNew</u>

\*\* Signature of Reporting Person Date

07/16/2015

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

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 5 (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.