| SEC Form 4 | |
|------------|---|
| FORM | 4 |

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

Estimated average burden hours per response:

3235-0287

0.5

OMB Number:

| 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | 01 360 | | estinent Comp | any Act of 1940 | | | | | | |
|---|--|-------|-----------|---|-----------------|---------------------------------|-------------------|--|--------------------------|------------|--|--|
| 1. Name and Address of Reporting Person [*] <u>May Patrick</u> | | | | uer Name and Ticko sterCraft Boat | 0 | ymbol , <u>Inc.</u> [MCFT] | | ationship of Reporti k all applicable) Director Officer (give title | Owner (specify | | | |
| (Last) 100 CHEROF | | | | te of Earliest Transa 0/2020 | action (Month/I | Day/Year) | | below) President, Cro | below) est Marine LLC | | | |
| (Street) | | | | mendment, Date of 4/2020 | Original Filed | (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Grou | p Filing (Check | Applicable | | |
| VONORE | TN | 37855 | 0,71 | 1/2020 | | | X | Form filed by On | e Reporting Per | son | | |
| (City) | (State) | (Zip) | — | | | | | Form filed by Mo Person | ore than One Re | porting | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 4 Tible of Coour | ite (laneta 2) | 2 74 | anaaction | 24 Deemed | 2 | 4. Securities Acquired (| A) or | E Amount of | 6 Ownership | 7 Noturo | | |

| 1. The of Security (instr. 3) | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | Disposed Of 5) | | | | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|-------------------------------|--------------------------|---|------------------------------|---|---------------------------|---------------|-------------------|------------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 09/10/2020 | | F | | 399 ⁽¹⁾ | D | \$ <mark>0</mark> | 13,383 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe of (D | r osed) r. 3, 4 | Expiration Date (Month/Day/Year) ed 3, 4 | | Expiration Date Amoun (Month/Day/Year) Securiti Underly Derivat Securiti | | | ion Date Amount of | | | 8. Price of 9. Number of Derivative derivative Security Securities (Instr. 5) Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---------------------------|---|--------------------|--|--|--|--------------------|--|--|---|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Amended for a change in tax withholding. Amount represents the surrender of shares for payment of taxes in connection with the vesting of restricted stock awards.

Remarks:

/s/ Timothy M. Oxley, by power of attorney

09/22/2020

** 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 Number.