

BOSTON OMAHA CORP

Reported by **KEATING BRENDAN JOSEPH**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/18/17 for the Period Ending 08/17/17

Address 1411 HARNEY ST.

SUITE 200

OMAHA, NE 68102

Telephone 857-256-0079

CIK 0001494582

Symbol BOMN

SIC Code 6510 - Real Estate Operators (except Developers) And

Industry Advertising & Marketing

Sector Consumer Cyclicals

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Keating Brendan Joseph						BOSTON OMAHA Corp [BOMN]											
	(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							X _ Director	X _ Director10% Owner Officer (give title below) Other (specify below)			
C/O BOSTON OMAHA						8/17/2017							Officer (gr	ve title below	.,	uici (specify	below)
CORPORAT	ΓΙΟΝ, 14	11 HAR	RNEY	•													
STREET, SUITE 200																	
(Street)					4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)			
OMAHA, NE 68102														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)											rount med by	1 of the field by More than one reporting Ferson					
			Table	I - Non	-Der	ivati	ive Sec		•	ed, Di	sposed o	of, or E	Beneficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans. Da					2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	Beneficial		
								Code	V	Amoun	(A) or (D)	Price					Ownership (Instr. 4)
Class A common stock, par value \$0.001 per share 8/17/2017				17			P		3400	A	\$13.50		40800				
Class A common stock, par value \$0.001 per share													35000			footnote (1)	
	Tabl	le II - Der	ivative	Securi	ties l	Bene	ficially	Owned (e.g.	, puts,	calls, w	arran	ts, options, conve	rtible sec	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if	on (In	Γrans. str. 8)	Acc Dis				6. Date Exercisable and Expiration Date			and Amount of ies Underlying tive Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Security				(Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) The shares are directly owned by Rosecrest Trust, of which Brendan J. Keating is the Trustee. Mr. Keating could be deemed to have indirect beneficial ownership of the shares.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Keating Brendan Joseph							
C/O BOSTON OMAHA CORPORATION	v						
1411 HARNEY STREET, SUITE 200	Λ						
OMAHA, NE 68102							

Signatures

/s/ Brendan J. Keating	8/18/2017
** 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 control number.