

<b>OMB APPROVAL</b>	
OMB Number:	3235-0287
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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <u>Foerster Andrew</u>  (Last) (First) (Middle) <u>C/O 10000 ALLIANCE ROAD</u>  (Street) <u>CINCINNATI OH 45242</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>LSI INDUSTRIES INC [ LYTS ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Executive VP and CTO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>09/30/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Shares <sup>(1)</sup>	09/30/2018		A		1,509	A	\$4.6	18,339	D	
Common Shares								19,000	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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Option to Buy <sup>(3)</sup>	\$7.88							(2)	03/02/2025	Common Shares	50,000	50,000	D	
Option to Buy <sup>(3)</sup>	\$9.39							(4)	07/01/2025	Common Shares	30,000	30,000	D	
Option to Buy <sup>(3)</sup>	\$11.06							(4)	07/01/2026	Common Shares	30,000	30,000	D	
Option to Buy <sup>(3)</sup>	\$9.39							(5)	07/01/2025	Common Shares	50,000	50,000	D	
Option to Buy <sup>(3)</sup>	\$5.92							(6)	08/17/2027	Common Shares	30,000	30,000	D	

**Explanation of Responses:**

- Common Shares held in the LSI Industries Inc. Non-Qualified Deferred Compensation Plan.
- The option vests in four equal annual installments beginning on March 2, 2016.
- These holdings have previously been reported on Form 4.
- The options vest at a rate of 25% per year beginning on the first anniversary of the grant date.
- On July 1, 2015, the Reporting Person was granted an option to purchase 50,000 shares of common stock. The option vests in three equal annual installments based on the Issuer's satisfaction of certain performance criteria for the fiscal year ending June 30, 2016. On September 8, 2016, it was determined that the performance criteria were met.
- The options vest ratably over a three year time period.

/s/ F. Mark Reuter as Attorney- 10/02/2018  
in-Fact for Andrew Foerster

\*\* 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.**