## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL           |           |  |  |  |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |  |  |  |  |
| 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).

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>Rosenzweig Benjamin L</u> |  |  |  |         |                                |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol PFSWEB INC PFSW |          |   |      |                  |  |                |                       |   | of Reportin<br>cable)<br>or  | g Per                               | son(s) to Iss<br>10% Ov  |                                       |  |
|---|--|--|--|---------|--------------------------------|---|--|----------|---|------|------------------|--|----------------|-----------------------|---|--|-------------------------------------|--|---------------------------------------|--|
|   |  |  |  |         |                                | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019 |  |          |   |      |                  |  |                |                       | Office<br>below                                     | (give title  |                                     | Other (s<br>below)   | specify                               |  |
| (Street) ALLEN (City)   | ALLEN TX 75013   |  |  |         |                                | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |          |   |      |                  |  |                |                       | e)<br>X Form<br>Form                                | ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |                                     |  |                                       |  |
|   |  | Tab  | le I - Non-  | -Deriva | ative                          | Sec   | curities   | s Ac     | quired, [                                 | Disp | osed o           | of, or B   | ene            | ficial                | ly Owne   | d  |                                     |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)         |  |  |  |         | Execution Date,                |   |  | Code (Ir | Transaction Dispose Code (Instr. 5)       |      |                  |  |                | Benefic               | ies Fo<br>ially (D)<br>Following (I)                |  | n: Direct<br>r Indirect<br>istr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |                                       |  |
|   |  |  |  |         |                                |   |  |          | Code                                      | v    | Amount           | (A) or<br>(D)  |                | Price                 | Transac<br>(Instr. 3                                | tion(s)  |                                     |  | (iiisti. 4)                           |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |         |                                |   |  |          |   |      |                  |  |                |                       |   |  |                                     |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution D<br>if any<br>(Month/Day) | Date, T | 4.<br>Transactio<br>Code (Inst |   | on of  |          | 6. Date Exe<br>Expiration I<br>(Month/Day | Date |                  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                |                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4)               | ly                                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |  | C       | Code                           | v   | (A)  |          | Date<br>Exercisable                       |      | xpiration<br>ate | Title  | or<br>Nu<br>of | nount<br>mber<br>ares |   |  |                                     |  |                                       |  |
| Deferred<br>Stock<br>Unit <sup>(1)</sup>                              | \$0.00   | 07/01/2019                                 |  |         | A                              |   | 7,408  |          | (1)                                       |      | (1)              | Commor<br>Stock  | 7,             | 408                   | (1)   | 7,408  |                                     | D  |                                       |  |

## **Explanation of Responses:**

1. Issuance of Deferred Stock Unit under the Company's Employee Stock and Incentive Plan representing the right to receive the stated number of shares of Common Stock upon termination of service as a Director

## Remarks:

/s/ Thomas J Madden by Power 07/02/2019 of Attorney

\*\* 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.