FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

	Washington,	D.C. 20549	
STATEMENT	OF CHANGES II	N BENEFICIAL	<b>OWNERSHIP</b>

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1	OIVID APPROVAL										
	OMB Number:	3235-0287									
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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

Name and Address of Reporting Person*     Stromquist Marty				2. Issuer Name <b>and</b> Ticker or Trading Symbol NCS Multistage Holdings, Inc. [ NCSM ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					_								Director			10% Owner			
(Last)	(First	,	liddle)	,	3. Date of Earliest Transaction (Month/Day/Year)								<b>-</b>   :	X Officer (give title below)			below)	specify	
C/O NCS MULTISTAGE HOLDINGS, INC.				03/0	05/03/2017								President						
19450 STATE HIGHWAY 249, SUITE 200																			
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
HOUSTON	I TX	70	0070										'		•		•		
(City)	(Stat	e) (Z	ip)											Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Transaction Disposed Of (I Code (Instr.		s Acquired (A) or If (D) (Instr. 3, 4 an		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Owners (Indirect Process)						
					Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				Instr. 4)					
Common Stock 05/03/2				2017			A		25,000	A	(1)	25,000			T I	See Footnote <sup>(2)</sup>			
Common Stock 05/03/2				2017		S		25,000	D	\$15.94	0				See Footnote <sup>(2)</sup>				
	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	se (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)				6. Date Expira (Month	tion D		of Securit Underlyin	g e Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
		Code V (A) (D) Date Expiration Date Title Shares																	
Exchangeable	(1)	05/03/2017			D		8,333.3		(1)		(1)	Common	25,000	(1)	294,874.5		I	See	

## **Explanation of Responses:**

- 1. Represents exchangeable shares in NCS Multistage Inc., a wholly owned indirect subsidiary of the Issuer, that were exchanged for shares of common stock of the Issuer in connection with the Issuer's initial public offering. Each exchangeable share is convertible into three shares of common stock of the Issuer, subject to adjustment. The exchangeable shares are currently exercisable and have no expiration date.
- 2. The shares are held by Cemblend Systems Inc. Cemblend Systems Inc. is indirectly 50% owned by Mr. Stromquist.

/s/ Kevin Trautner, attorney-in-

fact

\*\* Signature of Reporting Person

05/04/2017

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.