FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ton, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287
Estimated average burd	len
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 Se	ection	30(h)	of the li	nvestmei	nt Cor	npany Act	of 19	40								
1. Name and Address of Reporting Person*  DEANE JOHN D						2. Issuer Name and Ticker or Trading Symbol NCS Multistage Holdings, Inc. [ NCSM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
C/O NCS MULTISTAGE HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020									Officer (give title below)					(specify	
19350 STATE HIGHWAY 249, SUITE 600  (Street) HOUSTON TX 77070					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																		
		Tabl	e I - No	n-Deriv	ative S	Secu	uritie	s Acc	uired,	Dis	posed o	f, o	r Ben	efici	ally (	Dwne	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Securi Benefi		ies cially Following	Fori	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	mount (A) or (D)		Price	, I	Transaction(s) (Instr. 3 and 4)				(mour 4)	
Common	Stock			02/28	/2020	2020		A		82,237	82,237 A		\$	0	190,146(1)			D			
Common Stock															214		4,632 <sup>(2)</sup>		I	By Family Partners Limited <sup>(2)</sup>	
		Та									sed of, onvertib					/ned					
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion or Exercise Price of Derivative Security  1. Title of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)				Date,	4. Transaction Code (Instr. 8)		of		6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	Deriv Secu		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code		,	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares							

## **Explanation of Responses:**

1. Includes 15,902 vested restricted stock units which settle within thirty days following the earliest of (i) one year following the termination of the Reporting Person's service for any reason other than cause. (ii) a change of control or (iii) the fifth anniversary of the grant date. Also, includes 82,237 restricted stock units which vest on February 28, 2021 and which settle within thirty days of the vesting date.

2. These securities are held by the Deane Family Partnership Limited, a limited partnership of which the Reporting Person is the sole general partner. The Reporting Person disclaims beneficial ownership of the Issuer's securities held by the Deane Family Partnership Limited except to the extent of his pecuniary interest therein.

> /s/ Kevin Trautner, attorney-in-03/03/2020 fact

\*\* 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.