

OMB APPROVAL	
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>KINDEL CHARLES E. JR.</u> (Last) (First) (Middle) 11734 SOUTH ELECTION ROAD (Street) SALT LAKE UT 84020 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>CONTROL4 CORP [CTRL]</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>SVP of Products</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>08/15/2018</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 Stock	08/15/2018		M		5,050	A	(1)	5,050	D	
Common Stock	08/15/2018		F		1,386 ⁽²⁾	D	\$32.44	3,664	D	
Common Stock								5	I	By 401(k) Plan ⁽³⁾

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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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						Title
Restricted Stock Units	(1)	08/15/2018		M			5,050	(4)	(4)	Common Stock	5,050	\$0	15,150	D	

Explanation of Responses:

- Each Unit represents the right to receive, at settlement, one share of common stock at no cost.
- The federal and state tax withholding due at the vesting of Restricted Stock Units was satisfied by Control4 through a net issuance of these shares, which were retained by Control4 as treasury stock, and the requisite withholding amount was paid to the relevant tax authorities by Control4 on behalf of the Reporting Person. We used the closing price of the shares on the day prior to the vest date for withholding calculations.
- Shares held in Reporting Person's 401(k) Plan.
- This RSU was granted June 1, 2018. One-fourth of the shares in the award vested on August 15, 2018. The next 1/4 of the shares will vest on November 15, 2018, the next 1/4 on May 15, 2019, and the remaining 1/4 on November 15, 2019.

/s/ Jonathan Tanner, attorney-in-fact for Charles Edward Kindel Jr. 08/17/2018

** 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.

