FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID AI	INOVAL
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*					2. Issuer Name and Ticker or Trading Symbol CECO ENVIRONMENTAL CORP [CECE]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Prajzner Edward J</u>					CECO ENVIRONMENTAL CORT					, ,	Directo		10% Ov	vner		
				_ <u> </u>	Doto	of Carliage	Trong	paction (Month	/Day/Voor)			Officer below)	(give title	Other (s below)	specify	
(Last) (First) (Middle) 4625 RED BANK ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016						CFO and Secretary					
		ROAD														
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)						6 In	6. Individual or Joint/Group Filing (Check Applicable				
(Street)					11 7 4110	indirione, i	Date (or Original rile	a (Mona#Da)	y, reary	Line		omit Croup i iiii	g (Oncon Ap)	Silicable	
CINCIN	NATI C	Н	45227								2	_	led by One Rep	J		
												Form fi Person	led by More tha	ın One Repoi	ting	
(City)	(9	State)	(Zip)													
		Tal	ole I - Non-D	erivativ	re Se	curitie	s Ac	auired. Di	sposed o	f. or Ber	eficiall	v Owned				
1 Title of 9	Security (Ins			Transactio	tive Securities Acquired, Disposed of, or Benefication 2A. Deemed 3. 4. Securities Acquired (A)						5. Amoui	nt of 6. C	wnership	7. Nature of		
Date				ite	Execution Date if any (Month/Day/Yea			e, Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)				Securitie	s Form ally (D) o ollowing (I) (In	n: Direct I or Indirect I nstr. 4) (Indirect Beneficial Ownership (Instr. 4)	
(Monuse			onan bayr i								Owned F					
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		(111311. 4)	
			T-1-1- II D-		0		A	uiuud Dia	6		C - : - II - :					
			Table II - De (e.					uirea, Dis , options,				Owned				
1. Title of	2.	3. Transaction	3A. Deemed	4.	•	5. Numb		6. Date Exerci		7. Title an		8. Price of	9. Number of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	, Transa Code (on of Derivative Securities Acquired (A) or Disposed of (D) (Instr.		Expiration Date (Month/Day/Year) of Securities Underlying Derivative Sec (Instr. 3 and 4)			es	Derivative Security	derivative Securities Beneficially Owned	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of Derivative	(Month/Day/rear)	(Month/Day/Yea		(111361.						Security	(Instr. 5)				
	Security										iu 4)		Following	(i) (instr. 4)		
												Reported Transaction(s)				
					1	3, 4 and	5)						(Instr. 4)			
											Amount or					
								Date	Expiration		Number of					
				Code	٧	(A)	(D)	Exercisable	Date	Title	Shares					
Stock Option	φ7.2C	01/04/2016				25.000		04/04/04/5(1)	01/04/2026	Common	25.000	* 0.00	25.000	B		
(right to	\$7.36	01/04/2016		A		25,000		01/04/2017 ⁽¹⁾	01/04/2026	Stock	25,000	\$0.00	25,000	D		

Explanation of Responses:

1. The option vests in five equal installments on the anniversary date of the grant, commencing January 4, 2017.

Remarks:

/s/ Edward J. Prajzner

01/06/2016

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** 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.