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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burg | len | | | | | | | | |
| hours per response. | 05 | | | | | | | | |

| 1. Nume and Address of Reporting reison | | n* | 2. Issuer Name and Ticker or Trading Symbol <u>CECO ENVIRONMENTAL CORP</u> [CECE] | | tionship of Reporting Perso all applicable) Director Officer (give title | on(s) to Issuer 10% Owner Other (specify | |
|---|----------------------------|--|---|---|---|--|--|
| (Last) 2300 YONGE S | (First) FREET, SUITE 17 | (Middle) 710 | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2017 | | below) | below) | |
| (Street) TORONTO | A6 M4P 1E4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) | | | Person | 1 0 | |

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) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|--|-------|---|--------|---|---|---|
| | | CodeVAmount(A) or (D)PriceReported Transaction(s) (Instr. 3 and 4) | | | (| | | | | |
| Common Stock | 08/16/2017 | | Р | | 6,800 | A | \$7.31 | 56,300 | I ⁽¹⁾ | See footnote ⁽¹⁾ |
| Common Stock | | | | | | | | 2,300 | Ι | By Spouse |
| Common Stock | | | | | | | | 26,146 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| | | | 7 | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|------|---|-----|--|---|--------------------|---|--|--|--|--|--|
| 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. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 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 | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These shares are owned directly by JMP FAM Holdings Inc., and indirectly by Jonathan Pollack. Jonathan Pollack is deemed to control JMP FAM Holdings Inc. because he has sole voting and dispositive power of the shares of common stock of the Issuer owned directly by JMP FAM Holdings Inc.

Remarks:

<u>/s/ Paul M. Gohr, Attorney-in-Fact for Jonathan Pollack</u>

<u>08/16/2017</u>

** 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.