

QUALITY DISTRIBUTION INC  
Form 4  
March 31, 2015

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB 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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Strutz Randall T

2. Issuer Name and Ticker or Trading Symbol  
QUALITY DISTRIBUTION INC  
[QLTY]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
4041 PARK OAKS BOULEVARD,  
SUITE 200

3. Date of Earliest Transaction  
(Month/Day/Year)  
03/28/2015

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
Pres of Quality Carriers, Inc.

(Street)  
TAMPA, FL 33610

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_\_ Form filed by More than One Reporting Person

(City) (State) (Zip)

**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 Ownership (Instr. 4)
				Code V Amount (A) or (D) Price			
Common Stock	03/28/2015		F	342 D \$ 10.43	41,022	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474  
(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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Table with columns: 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 Underlying Securities (Instr. 3 and 4), 8. Price of Derivative Security (Instr. 5), 9. Number of Derivative Securities Owned Beneath the Reporting Person's Ownership (Instr. 6), 10. Derivative Security Owned Beneath the Reporting Person's Ownership (Instr. 6), 11. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 12. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 13. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 14. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 15. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 16. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 17. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 18. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 19. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6), 20. Derivative Security Owned by the Reporting Person's Immediate Family Members (Instr. 6).

Reporting Owners

Table with columns: Reporting Owner Name / Address, Relationships (Director, 10% Owner, Officer, Other), Title, Date Exercisable, Expiration Date, Amount or Number of Shares. Reporting Owner: Strutz Randall T, 4041 PARK OAKS BOULEVARD, SUITE 200 TAMPA, FL 33610. Relationship: Pres of Quality Carriers, Inc.

Signatures

/s/ John T. Wilson, attorney-in-fact, 03/31/2015. Signature of Reporting Person, Date.

Explanation of Responses:

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.