

# **BOSTON OMAHA CORP**

Reported by  
**MCLAUGHLIN JAMES A.**

## **FORM 3**

(Initial Statement of Beneficial Ownership)

Filed 06/22/17 for the Period Ending 06/16/17

Address	292 NEWBURY STREET, SUITE 333 BOSTON, MA 02115
Telephone	857-256-0079
CIK	0001494582
Symbol	BOMN
SIC Code	6510 - Real Estate Operators (except Developers) And
Industry	Advertising & Marketing
Sector	Consumer Cyclical
Fiscal Year	12/31

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 * <b>McLaughlin James A.</b>  (Last) (First) (Middle)	2. Date of Event Requiring Statement (MM/DD/YYYY) <b>6/16/2017</b>	3. Issuer Name and Ticker or Trading Symbol <b>BOSTON OMAHA Corp [BOMN]</b>
<b>C/O BOSTON OMAHA CORPORATION, 292 NEWBURY ST. SUITE 333</b>  (Street)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  ____ Director <input checked="" type="checkbox"/> Officer (give title below) <b>Subsidiary President /</b>	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person
<b>BOSTON, MA 02115</b>  (City) (State) (Zip)	5. If Amendment, Date Original Filed (MM/DD/YYYY)	

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4) <b>Common Stock, par value \$0.001 per share</b>	2. Amount of Securities Beneficially Owned (Instr. 4) <b>77000</b>	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) <b>I (1)</b>	4. Nature of Indirect Beneficial Ownership (Instr. 5) <b>Footnote (1)</b>
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### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

#### Explanation of Responses:

- (1) The reported shares are directly owned by a trust of which Mr. McLaughlin is the trustee. Mr. McLaughlin could be deemed to have indirect beneficial ownership of the shares reported herein.

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>McLaughlin James A. C/O BOSTON OMAHA CORPORATION 292 NEWBURY ST. SUITE 333 BOSTON, MA 02115</b>			<b>Subsidiary President</b>	

#### Signatures

/s/ **James A. McLaughlin**

**6/22/2017**

\*\*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 5(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 control number.