SEC Form 4

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | 0.000 | | | | | | | | | | |
|---|------------|---------------|-------------|---|----------------|---------------------------|--|--|-----------------|----------------|--|--|--|
| 1. Name and Address of Reporting Person* BEFFA NEGRINI DAVID | | | | 2. Issuer Name and Ticker or Trading Symbol <u>PC CONNECTION INC</u> [CNXN] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| | | | 3 Dat | e of Earliest Transa | ection (Month | Day/Vear) | . ^ | | | | | | |
| (Last) | (First) | (Middle) | | 4/2023 | | Dayrical) | | Officer (give title below) | below | (specify /) | | | |
| 730 MILFORD ROAD | | | 4. If A | mendment, Date of | Original Filed | l (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applica Line) | | | | | | |
| (Street) | | | | | | | X | Form filed by One | e Reporting Per | rson | | | |
| MERRIMACK | NH | 03054 | | | | | | Form filed by Mo Person | re than One Re | porting | | | |
| (City) | (State) | (Zip) | Rule | e 10b5-1(c) | Transact | ion Indication | , | | | | | | |
| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | tended to | | | | |
| | Tab | le I - Non-De | erivative S | ecurities Acq | uired, Dis | oosed of, or Benef | icially | Owned | | | | | |
| 1. Title of Security | (Instr. 3) | 2. Tr | ransaction | 2A. Deemed | 3. | 4. Securities Acquired (A |) or | 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership | | | | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transa Code (8) | | Disposed Of 5) | | | Beneficially | (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|---|------------------------|---|-------------------|---------------|---------|------------------------------------|-----------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11150.4) |
| Common Stock | 12/04/2023 | | S | | 5,000 | D | \$60.97 | 75,000 | D | |

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

| | (- 5, F , F , F | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------------|-----|-------------------------------------|--------------------|-------|---|--|--|--|--|
| 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) | | of Expiratio | | Expiration Date (Month/Day/Year) | | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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:

Remarks:

/s/Timothy J. McGrath, attorney-in-fact for David

12/05/2023

Beffa-Negrini
** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).