FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours per response | e 0.5 | | | | | |

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 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response: | s) | | | | | | | | | | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------|
| 1. Name and Address of Reporting Person* CORLETT GLEN E | | | 2. Issuer Name and Ticker or Trading Symbol ROCKY BRANDS, INC. [RCKY] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| 39 EAST | CANAL | (First) STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020 | | | Office | r (give title belo | ow) | Other (specify b | elow) | | | |
| (Street) NELSONVILLE, OH 45764 | | | 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) | • | f Code (Instr. 8) | | on 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: | Beneficial | | |
| | | | | (Month/Day/Year | Code | v | Amour | (A) or (D) | Price | (I) | | or Indirect (I) | Ownership (Instr. 4) | |
| Common value | Stock, wi | thout par | 04/01/2020 | | A | | 387 | A | \$ 0 | 24,327 | | | D | |
| | | | | Derivative Securit | | the f | tained i form dis | n this for splays a c | m are curre | e not requently valid | | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | 1_ | I | 1 | e.g., puts, calls, w | | | | | | | l | | | 1 |
| Security | 2. Conversion or Exercise Price of Derivative Security | | Execution Date any | | Number and | | Date Exercisable d Expiration Date lonth/Day/Year) | | Am Und Sec | Title and ount of derlying urities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirect | (Instr. 4) |
| | | | | Code V | (A) (D) | | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|-----------------------------------------------------------------|---------------|--------------|---------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| CORLETT GLEN E 39 EAST CANAL STREET NELSONVILLE, OH 45764 | X | | | | |

Signatures

| Jeremy D. Siegfried, Attorney-in-Fact | 04/01/2020 | |
|---------------------------------------|------------|--|
| **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.