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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|---|---|--|--------------------|--|--|------------------|--|--|------------------------------------|---|--|--------------------------------------|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person * Beranek Cheryl | | | | 2. Issuer Name and Ticker or Trading Symbol Clearfield, Inc. [CLFD] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 7050 WINNETKA AVE. N., SUITE 100 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2019 | | | | | | X Office | er (give title bel Chie | f Executive (| Other (specify b Officer | elow) | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| BROOK | LYN PAR | K, MN 554 | 28 | | | | | | | | | | | | |
| (City | r) | (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) | | if Co | (Instr. 8) | | tion 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following I Transaction(s) | | 6. Ownership Form: | Beneficial | |
| | | | (Month/Day/Year) | | Code | V | Amour | (A) or (D) | Price | (Instr. 3 a | and 4) | | | Ownership (Instr. 4) | |
| Common | Stock | | 05/26/2019 | | | F ⁽¹⁾ | | 4,182 | D | \$ 14.19 | 561,500 |) | | D | |
| | | | | Derivative Secur | | | the red, D | tained i form di Pisposed | n this fo splays a of, or Be | orm ar a curre | re not requently valid | OMB conf | ormation spond unle trol numbe | ss | 1474 (9-02) |
| 1 Title of | 12 | 2 Tuomanatia | | (e.g., puts, calls, | | ints, o | • | | | | | Q Duina of | O. Maranhan | of 10. | 11 Notana |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | Year) Execution Da | ate, if Transaction Code Year) (Instr. 8) | of Den Sec Acc (A) Diss of (Institute of Institute of Ins | Number a | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Am Und Sec | Fitle and nount of derlying curities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownershij (Instr. 4) |
| | | | | Code V | / (A |) (D) | | e ercisable | Expirati Date | ion Tit | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Beranek Cheryl 7050 WINNETKA AVE. N. SUITE 100 BROOKLYN PARK, MN 55428 | X | | Chief Executive Officer | | | | | |

Signatures

| Daniel Herzog by Power of Attorney for Cheryl Beranek | 05/29/2019 | |
|---|------------|--|
| **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)
- (1) Payment of tax by withholding shares on vesting of the final 1/3 of restricted stock that was granted on 5/26/16.

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.