

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>QUINN JEFFRY N</u>  (Last) (First) (Middle) <u>C/O QUINPARIO PARTNERS LLC</u> <u>12935 N. FORTY DRIVE, SUITE 201</u>  (Street) <u>ST. LOUIS MO 63141</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Quinpario Acquisition Corp. 2 [ QPAC ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)  <p style="text-align: center;"><b>Chairman</b></p>
	3. Date of Earliest Transaction (Month/Day/Year) <u>01/22/2015</u>	

**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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/22/2015		J		1,312,500	D	(1)	8,450,000	I	By Quinpario Partners 2, LLC <sup>(2)</sup>

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

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)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	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)					

1. Name and Address of Reporting Person\*

QUINN JEFFRY N

(Last) (First) (Middle)

C/O QUINPARIO PARTNERS LLC

12935 N. FORTY DRIVE, SUITE 201

(Street)

ST. LOUIS MO 63141

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

Quinpario Partners 2, LLC

(Last) (First) (Middle)

C/O QUINPARIO PARTNERS LLC

12935 N. FORTY DRIVE, SUITE 201

(Street)

ST. LOUIS MO 63141

(City) (State) (Zip)

**Explanation of Responses:**

- 1,312,500 shares were forfeited to the Issuer at no cost in connection with the underwriters election not to exercise the over-allotment option, as described in the Issuer's registration statement on Form S-1.
- Mr. Quinn is the sole managing member of Quinpario Partners LLC, the managing member of Quinpario Partners 2, LLC, and as such, controls the voting and disposition of such shares. Mr. Quinn disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that Mr. Quinn is the beneficial owner of the securities for

purposes of Section 16 or for any other purpose.

**Remarks:**

/s/ Jeffry N. Quinn

01/27/2015

\*\* 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.**