SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

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1. Name and Address of Reporting Person <sup>*</sup> QUINN JEFFRY N				2. Date of Event Requiring Statement (Month/Day/Year) 01/15/2015			3. Issuer Name <b>and</b> Ticker or Trading Symbol Quinpario Acquisition Corp. 2 [ QPAC ]						
(Last) (First) (Middle) C/O QUINPARIO PARTNERS LLC				_			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
12935 N. FORTY DRIVE, SUITE 201							X         Officer (give title below)         Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) ST. LOUIS MO 63141							Chairman				Form filed by One Reporting Perso X Form filed by More than One Reporting Person		/ More than One
(City)	(State)	(Zip)		_									
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)							2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock							9,	762,500	I		By Qı	uinpario Part	ners 2, LLC <sup>(1)</sup>
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Securitie Underlying Derivative Security (		(Instr. 4) Conv or Ex		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
				Date Exercisable Da		piration ite	Title		Amount or Number of Shares	<ul> <li>Price of Derivative Security</li> </ul>		Direct (D) or Indirect (I) (Instr. 5)	
Warrants				(2)		(3)	Com	mon Stock	18,000,000	11	.5 <sup>(4)</sup>	I	Quinpario Partners 2, LLC <sup>(1)</sup>
1. Name and Address of Reporting Person <sup>*</sup> QUINN JEFFRY N													
(Last)(First)(MideC/O QUINPARIO PARTNERS LLC12935 N. FORTY DRIVE, SUITE 201			(Middle)										
(Street) ST. LOUIS MO 63			63141										
(City) (State) (Zip)			Zip)										
1. Name and Address of Reporting Person <sup>*</sup> Quinpario Partners 2, LLC													
(Last)(First)(MideC/O QUINPARIO PARTNERS LLC12935 N. FORTY DRIVE, SUITE 201				2)									
(Street) ST. LOUIS MO 6			63141										
(City) (State)			(Zip)										

Explanation of Responses:

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.

2. The warrants will become exercisable on the later of 30 days after the completion of an initial business combination or 12 months from the effective date of the registration statement on form S-1 relating to the Issuer's IPO.

3. The warrants shall expire five years after the completion of an initial business combination, or earlier upon redemption.

4. Each warrant entitles the holder thereof to purchase one-half of one share of common stock of the Issuer at a price of \$11.50 per whole share.

**Remarks:** 

01/15/2015

\*\* 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 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 Number.