SEC Form 4	
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(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

l		IVAL
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mouucuon	I (D).		Flied pursually to Section 10(a) of the Securities Exchange Act of 19	34		
	. ,		or Section 30(h) of the Investment Company Act of 1940			
	address of Reporting F Christopher The		2. Issuer Name and Ticker or Trading Symbol <u>FOSTER L B CO</u> [FSTR]		tionship of Reporting P all applicable) Director Officer (give title	erson(s) to Issuer 10% Owner Other (specify
	(First) ER COMPANY AY DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2018		below) Controller &	below)
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil	ing (Check Applicable
Street) PITTSBUR(GH PA	15220		X	Form filed by One Re	eporting Person
		10220			Form filed by More th Person	an One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
03/13/2018		F		32	D	\$25.75	13,651	D	
							290	Ι	L.B. Foster Company 401(k) Plan Shares
	Date (Month/Day/Year)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (8) Code	Date (Month/Day/Year) Date if any (Month/Day/Year) Date if any (Month/Day/Year) Code (Instr. 8) Code V	Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8) Code V Amount	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 5) Code V Amount (A) or (D)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4 and 5) Code V Amount (A) or (D) Price	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction (S Disposed Of (D) (Instr. 3, 4 and S) Securities Beneficially (Month /Day/Year) 03/13/2018 F Amount (A) or (D) Price Instr. 3 and 4) 03/13/2018 F 32 D \$25.75 13,651	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction (S) Disposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially (D) Price Form: Direct (D) or Indirect (D) or Indirect (D) or Indirect 03/13/2018 F Amount (A) or (D) Price 13,651 D 03/13/2018 F 32 D \$25.75 13,651 D

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		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)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

/s/ Christopher T. Scanlon by

Rachelle Horning, attorney-in- 03/15/2018 fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.