FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| | d Address of SCOTT | 2. Issuer Name and Ticker or Trading Symbol LINCOLN EDUCATIONAL SERVICES CORP [LINC] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | ck all app Direct Office belog | plicable) ctor er (give title w) | Othe belo | Owner r (specify v) | | | | | |
|--|---|--|---|------------------------|--------------------------------|--|--------|--|---|---------|---|---|----------------------------------|--|--|--|--|------------|--|--|
| C/O LINCOLN EDUCATIONAL SERVICES CORP. 200 EXECUTTIVE DRIVE, SUITE 340 | | | | | | 02/28/2013 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc | EVP & Chief Operating Officer 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WEST ORANGE NJ 07052 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | | <u>Z</u> ip) | | | | | | | | | | | | | | | | | |
| | | Table | e I - N | lon-Deriv | ative S | Secu | ıritie | es Acc | uired, | Dis | posed of | f, or | Bene | eficially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date | | | Date, | 3. Transaction Code (Instr.) 8) 4. Securities Acc Disposed Of (D) and 5) | | | | | Secur | ficially d | 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 | Repor Trans | | (IIISU : 4) | (11150. 4) | | |
| Common | 013 | | | F | | 747(1) | | D | \$6.31 | 508,674 | | D | | | | | | | | |
| Common Stock 03/01/20 | | | | | | 013 | | | F | | 4,877(2) | | D | \$6.59 | 503,797 | | D | | | |
| | | Та | ble II | - Derivat (e.g., pı | | | | | | | sed of, o | | | | wned | l | | | | |
| 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. Transac Code (I 8) | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | of De Se (In | Price rivative curity str. 5) | Beneficially | 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 | or | ount nber ires | | | | | | |

Explanation of Responses:

- 1. Consists of shares withheld by the Issuer with respect to income taxes payable by the Reporting Person upon the vesting and delivery of 20% of the shares of restricted stock previously granted by the Issuer on February 29, 2008.
- 2. Consists of shares withheld by the Issuer with respect to income taxes payable by the Reporting Person upon the vesting and delivery of the shares of restricted stock previously granted by the Issuer on March 2, 2012.

Remarks:

<u>/s/ Scott M Shaw</u> <u>03/04/2013</u>

** Signature of Reporting Person Date

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.