FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | JAVC | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

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

| 1. Name and Address of Reporting Person* Meyers Brian K (Last) (First) (Middle) | | | | | LI | 2. Issuer Name and Ticker or Trading Symbol LINCOLN EDUCATIONAL SERVICES CORP [LINC] | | | | | | | | | | all app | er (give title | ng Perso | 10% C | wner (specify |
|---|--|------|-----------|---|----------------------|--|---|--|---------------------------------------|-----|---|--|-----------------|----------------------|--|---|------------------------------|---|--|---|
| C/O LINCOLN EDUCATIONAL SERVICES CORPORA 200 EXECUTIVE DRIVE, SUITE 340 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2017 | | | | | | | | | | | CFO and | l Treas | surer | |
| (Street) WEST ORANGE NJ 07052 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | of, o | r Ben | efici | ally C | Dwne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Ex Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos Code (Instr. 5) | | Disposed | ities Acquired (A d Of (D) (Instr. 3, | | | nd | 5. Amount of Securities Beneficially Owner following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , l | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 12/18/ | | | | | 3/2017 | | | | F | | 5,189 | 89 ⁽¹⁾ D | | \$2. | .07 | 7 114,460 | | | D | |
| | 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) | rative Conversion Date Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Dii or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nur of | ount mber ares | | | | | | |

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 33% of the shares of restricted stock previously granted by the Issuer on December 18, 2014.

/s/ Brian K Meyers

12/20/2017

** 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.