FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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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

| 1. Name and Address of Reporting Person* Freedman Howard | | | | | | 2. Issuer Name and Ticker or Trading Symbol Ollie's Bargain Outlet Holdings, Inc. [OLLI] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (with title Check Consolidation) | | | | |
|--|---|--|------------------------|---------|---|--|-------|--------|--|--------|--|---|--|---|---|---------------------------|--|--|
| (Last) (First) (Middle) C/O OLLIE'S BARGAIN OUTLET HOLDINGS, INC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016 | | | | | | | | X Officer (give title Other (specify below) VP of Merchandising | | | | |
| 6295 ALLENTOWN BOULEVARD, SUITE 1 (Street) HARRISBURG PA 17112 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deri | ivativ | e Sec | curit | ies Ac | quired | , Dis | sposed o | f, or Be | neficiall | y Owned | İ | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Ex r) if a | A. Deemed execution Date, fany Month/Day/Year) | | | Transaction Disp | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au | | Benefici Owned | es ially Following | Form: | Direct Indirect If tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) | |
| Common stock, par value \$0.001 per share 02/24/2 | | | | | 1/2016 | 016 | | M | | 35,000 | A | \$6.48 | 35 | ,000 | | D | | |
| Common stock, par value \$0.001 per share 02/24/2 | | | | | 1/2016 | 016 | | S | | 35,000 | D ⁽¹⁾ | \$19.75 | 2) | 0 | | D | | |
| | | - | Table II | | | | | | | | osed of, convertil | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | n 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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to | \$6.48 | 02/24/2016 | | | M | | | 75,000 | 09/28/20 |)13 | 09/28/2022 | Common Stock | 35,000 | \$0 | 195,00 | 0 | D | |

Explanation of Responses:

- 1. The shares were sold by the reporting person in a registered underwritten secondary offering pursuant to an underwriting agreement entered into on February 18, 2016.
- 2. Represents public offering price of \$19.75 per share.

/s/ Robert Bertram, as Attorney-in-Fact 02/26/2016

** 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.