SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

3235-0104 January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> LUBERT IRA M | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol SAFEGUARD SCIENTIFICS INC [SFE] | | | | | |
|---|-------------------|----------------------------|---|--|--|---|--|--|--|
| (Last) | (First) | (Middle) | 04/23/2018 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 170 NORTH RADNOR-CHESTER ROAD, SUITE 200 (Street) | | | | (Check all applicable) <u>X</u> Director <u>10%</u> Owner Officer <u>Other</u> (give title below) (specify below) | | Owner (() () () () () () () () () () () () (| 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting | | |
| RADNOR,Â | PAÂ 1908 | 37 | | | | - | Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | Table I - N | Non-Derivat | ive Securiti | es Ben | eficially Owned | | |
| 1.Title of Securi (Instr. 4) | ity | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Natu Owners (Instr. 5 | 1 | | |
| Reminder: Repo owned directly o | - | ate line for ea | ch class of securities benefic | ially S | EC 1473 (7-02) |) | | | |
| | inform require | ation conta ed to respo | oond to the collection of ained in this form are not nd unless the form displ MB control number. | t | | | | | |
| Т | able II - Der | ivative Secur | rities Beneficially Owned (e | .g., puts, calls, | warrants, opt | ions, co | nvertible securities) | | |

| 1. Title of Derivative Security | 2. Date Exer | cisable and | 3. Title and | Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------------------|--------------------|-----------------------------------|------------------------|------------------------|-------------------------|-----------------------|
| (Instr. 4) | Expiration Date (Month/Day/Year) | | Securities Underlying | | Conversion | Ownership | Beneficial Ownership |
| | | | Derivative Security (Instr. 4) | | or Exercise | Form of | (Instr. 5) |
| | | | | | Price of | Derivative | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of | Derivative Security | Security: Direct (D) | |

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| LUBERT IRA M 170 NORTH RADNOR-CHESTER ROAD SUITE 200 RADNOR, PA 19087 | ÂX | Â | Â | Â | |
| Signatures | | | | | |
| By: G. Matthew Barnard, Agent For: Ira M. Lubert | 04/27/2018 | | | | |
| ** Signature of Reporting Person | Date | | | | |
| Explanation of Response | s: | | | | |

No securities are beneficially owned

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.