## 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 OF SECURITIES

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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person *- Raine Burke Elliott				2. Issuer Name and Ticker or Trading Symbol Hostess Brands, Inc. [TWNK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner							
(Last) (First) (Middle) C/O HOSTESS BRANDS, INC., 1 EAST ARMOUR BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018						X Officer (give title below) Other (specify below)  See Remarks								
(Street) KANSAS CITY, MO 64111				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City		(State)	(Zip)			Tal	ble I -	- Non-	-Deriva	ative S	ecurities	Acau	ired. Disp	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if		e, if	(Instr. 8)				uired of (D)	5. Amour Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		6. Ownership of Form:		Beneficial		
					ear)		ode	V	Amoun	(A) or (D)	Price		,		Direct (D or Indirec (I) (Instr. 4)	Indirect (Instr. 4		
Restricte	d Stock U	nits (1)	03/07/2018				1	A	3	3,473	A	\$ 0	3,473			D		
Restricted Stock Units (2)												18,000			D			
			Table II - I					tl quired	ontain he for d, Disp	ned in m dis osed o	this for plays a	m are curre eficial	e not requently valid	ction of inf uired to res OMB conf	spond unle	ss	C 147	74 (9-02)
1. Title of	2	3. Transaction		e.g., put	s, cans	, wai				Exerc			itle and	8 Price of	9. Number	of 10.		11. Natur
	Conversion or Exercise Price of Derivative Security		Year) any	te, if Transaction Code Year) (Instr. 8)		on Non II S	7 7		and Expiration Date (Month/Day/Year)		Am Und Sec	ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)		Owne Form Deriv Secur Direct or Ind	of ative ity:	Beneficia Ownersh (Instr. 4)	
				C	code	V	(A)		Date Exercis		Expiration Date	Title	Amount or Number of Shares					

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Raine Burke Elliott C/O HOSTESS BRANDS, INC. 1 EAST ARMOUR BOULEVARD KANSAS CITY, MO 64111			See Remarks				

### **Signatures**

/s/ Burke E. Raine	03/07/2018
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- 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).
- On March 23, 2017, the Company granted an award of performance share units to the reporting person, the vesting of which is subject to the satisfaction of annual Adjusted EBITDA targets and continued employment during the three-year vesting period. On March 7, 2018, the Compensation Committee determined that, based upon the Company's Adjusted EBITDA for the year ended December 31, 2017, the performance condition with respect to the listed number of such performance share units was
- satisfied. The vesting of such units remains subject to the time-based vesting criteria.
- (2) Consists of other previously disclosed restricted stock units that remain subject to time-based vesting.

#### Remarks:

Senior Vice President, Chief Marketing Officer

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.