FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average I	burden								

0.5

hours per response:

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*							2. Issuer Name and Ticker or Trading Symbol DULUTH HOLDINGS INC. [DLTH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>DITTRICH ALLEN L</u>					120	DOPOLILLIOPDINGS INC. [DULL]										Direc	ector 10		10% C	wner		
						-											Office	ficer (give title		Other (specify below)		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										SVP Omnichannel			,		
170 COUNTRYSIDE DRIVE					11/	11/01/2017										J V I	Ommenan	ист плр	, a o _l	JCI.		
P. O. BO	X 409																					
r. O. BOX 403					1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
						- 4. "	4. II Amendment, Date of Original Filed (World/Day/Year)									Line)						
(Street)																X Form filed by One Reporting Person						
BELLEV	'ILLE	WI	5	53508													Form	rm filed by More than One Reporting				
						-											Person					
(City)		(State)	(.	Zip)																		
,				.,																		
			Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	of, or	r Ben	eficia	ally O	wne	ed				
1. Title of S	Security (I	nstr. 3)			2. Trans	action	2	A. Deem	ed	3.	3. 4. Securities Acquired (A)					5	. Amo	ount of	6. Owne	rship	7. Nature	
	, ,	,			Date	S/V		execution Date, f any Month/Day/Year)		Code (Instr. 5)			sposed Of (D) (Instr. 3, 4							Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
					(Month/I	Jayrtea						ا (ا										
													(4) 011					eported ansaction(s)			(Instr. 4)	
				۱v	Amount	(A) or (D)		Price					istr. 3 and 4)									
Class B Common Stock 11/01/2						/2017						15,000	0 D \$		\$19	9.65 2		26,221	D)		
Citis D Common Stock												15,000	<u>' ' </u>		410		220,221					
			Ta	ıble II - I	Derivat	ive S	ecu	rities	Acqui	ired, D	ispo	osed of,	or B	Benefi	ciall	y Ow	ned					
				(e.g., p	uts, c	alls	, warr	ants,	option	ıs, c	onvertib	ole s	ecuri	ties)							
1. Title of	2.	3. Trans	action	3A. Deem	Date, T	4.		on of		6. Date E	xerci	sable and	7. Title and			8. Pric					11. Nature	
Derivative Security	Conversi		Date (Month/Day/Year)	Execution if any		Transa Code (Expiration (Month/F				Amount of Securities		Deriva			Ownership Form:		of Indirect Beneficial	
(Instr. 3)	or Exerci Price of	se (Month/		II any (Month/Da		8)	ınsır.			(Month/Day/Year)			Underlying			Security (Instr. 5)		Beneficially		Direct (D)	Ownership	
Derivative Security					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Acquired				Derivative			, ` '		Owned		or Indirect	(Instr. 4)	
								(A) or Disposed		Security and 4)				rity (Instr. 3 1)			Following Reported	(1) (11	(I) (Instr. 4)			
							of (D) (Instr. 3, 4 and 5)					" '					Transaction	(s)				
														(Instr. 4)								
		ŀ	+																			
														Amo		"						
														Nur	nber							
											Date Expirati Exercisable Date			n of Title Shares								

Explanation of Responses:

1. The sales reported in this Form 4 were executed pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 19, 2017.

Remarks:

by Dennis F. Connolly, P.O.A 11/02/2017

** 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.