## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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

1. Name and Address of Reporting Person* COTTONE PHILIP S			2. Issuer Name and Ticker or Trading Symbol Plymouth Industrial REIT Inc. [PLYM]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) C/O 260 FRANKLIN STREET, 7TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 01/09/2019				-	Office	r (give title belo	ow)(	ther (specify be	elow)		
BOSTON, MA 02110			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)			Table I - Non-Derivative Securities Acqu					Acquir	lured, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8		4. Securities Acqu (A) or Disposed or (Instr. 3, 4 and 5)		Beneficia Reported		nt of Securities ally Owned Following 1 Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(Monus Day/ Tear)	Code	V	Amoun	(A) or (D)	Price	(msu. 3 a	or In		or Indirect	(Instr. 4)
Common Stock	ck		01/09/2019		A		2,273	A S	0 8	10,007			D	
	rt on a sep					Perso	ained ir	n this form	n are	not requ		pond unles	s	474 (9-02)
				Derivative Securiti		Perso conta the fo	ained ir orm dis sposed o	this form plays a c of, or Bene	n are urren ficiall	not requ tly valid	ired to res		s	474 (9-02)
Security or Exe (Instr. 3) Price of	version xercise e of vative	3. Transaction Date Month/Day/Y	3A. Deemed Execution Date	e.g., puts, calls, wa 4. te, if Transaction Code (ear) (Instr. 8)	i <mark>rrants, o</mark> 5.	Persoconta the forced, Dispetions, 6. Data and E	ained ir orm dis sposed o	of, or Benetible securions Date	ficially ficially fities)  7. Tit Amou Unde Secur	not requitly valid  y Owned  cle and unt of orlying	OMB conf	pond unles	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Nation of Indir Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
COTTONE PHILIP S C/O 260 FRANKLIN STREET, 7TH FLOOR BOSTON, MA 02110	X					

## **Signatures**

Philip S. Cottone	01/10/2019
**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).

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.