

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**

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* <b>BARTEL RALPH</b> <hr/> (Last) (First) (Middle) <b>CASELLA POSTALE 823</b> <hr/> (Street) <b>6612 ASCONA V8 6612</b> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>TRAVELZOO [ tzoo ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <b>06/13/2017</b>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	06/13/2017		S		2,000	D	\$10.75	7,364,350	I <sup>(1)</sup>	Shares sold were directly owned by Azzurro Capital Inc.

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* <b>BARTEL RALPH</b> <hr/> (Last) (First) (Middle) <b>CASELLA POSTALE 823</b> <hr/> (Street) <b>6612 ASCONA V8 6612</b> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person\*

[AZZURRO CAPITAL INC](#)

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(Last) (First) (Middle)

[C/O MOORE STEPHENS](#)  
[PO BOX 743, SUITE 5](#)

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(Street)

[WATERGARDENS](#) [JI](#) [GX11 1AA](#)  
[4](#)

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(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[Ralph Bartel 2005 Trust](#)

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(Last) (First) (Middle)

[C/O FEDELTA TRUST LIMITED](#)  
[29/31 ATHOL STREET, OMAR HOUSE BLDG](#)

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(Street)

[ISLE OF MAN](#) [X0](#) [1M11LB](#)

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(City) (State) (Zip)

**Explanation of Responses:**

1. Indirect ownership applies to Ralph Bartel and the Ralph Bartel 2005 Trust

<a href="#">Ralph Bartel</a>	<a href="#">06/15/2017</a>
<a href="#">Ralph Bartel, Authorized Signatory</a>	<a href="#">06/15/2017</a>
<a href="#">Ralph Bartel, Authorized Signatory</a>	<a href="#">06/15/2017</a>

\*\* 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.**