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

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

Name and Address of Reporting Person* AZZURRO CAPITAL INC					2. Issuer Name and Ticker or Trading Symbol TRAVELZOO [tzoo]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/30/2018										er (give title		(specify	
C/O MOORE STEPHENS PO BOX 743, SUITE 5				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATERGARDENS J1 GX11 1AA													Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)	-														
		Tabl	e I - Non-Deriv	vative	Se	cui	rities A	cquire	d, D	isposed of	f, or B	enefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)					nd 5) Securities Beneficially Owned		rities ficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price				(Instr. 4)	(Instr. 4)	
Common	Common Stock		08/30/203	18				S		15,000	D	\$12.4	47 ⁽¹⁾⁽²⁾ 6.		420,000	I (3)	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. Trans Code 8)		on tr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5)	Expir e (Mon	Date Exercisable and 7. Title an Amount of Securities Underlyin Derivative Security (1 3 and 4)		nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)		Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	,	v	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
1. Name ar	nd Address of	Reporting Person	•															
AZZURRO CAPITAL INC																		
(Last) (First) (Middle) C/O MOORE STEPHENS PO BOX 743, SUITE 5																		
(Street) WATER	GARDENS	J1	GX11 1AA															
(City)		(State)	(Zip)															

1. Name and Address of Reporting Person Ralph Bartel 2005 Trust								
(Last)	(First)	(Middle)						
C/O FEDELTA TRUST LIMITED								
29/31 ATHOL STREET, OMAR HOUSE BLDG								
(Street)								
ISLE OF MAN	X0	1M11LB						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*								
BARTEL RALPH								
(Last)	(First)	(Middle)						
CASELLA POSTALE 823								
(Street)								
6612 ASCONA	V8	6612						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Sale prices for the shares sold ranged from \$12.40 to \$12.51.
- 2. The reporting person undertakes to provide, upon request by the Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each price.
- 3. Indirect ownership applies to Ralph Bartel and the 2005 Ralph Bartel Trust.

 Ralph Bartel, Authorized
 09/04/2018

 Signatory
 09/04/2018

 Ralph Bartel, Authorized
 09/04/2018

 Signatory
 09/04/2018

 Ralph Bartel
 09/04/2018

** 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.