FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES IN BE | NEFICIAL | OWNERSHIP |
|-----------|------------------|----------|-----------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* EDEN AVI D | | | | 2. Issuer Name and Ticker or Trading Symbol BEL FUSE INC /NJ [BELFB] | | | | | | | | | | all app | nship of Reporting Per applicable) Director Officer (give title elow) | | n(s) to Is | | | |
|--|--------|----------|------------|---|--|----|--|-------|--|-----|---|------------------------|-----------------|---|---|---|--|-------------------------------------|---|------------|
| (Last) (First) (Middle) C/O BEL FUSE INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2015 | | | | | | | | | | | | | Other below) | (specify | | |
| 206 VAN VORST STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) JERSEY | CITY N | IJ (| 07302 | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (! | State) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution (a) | | A. Deemed Execution Date, f any Month/Day/Year) | | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Sec Bei Ow | | Securities Beneficially | | ership Direct Idirect . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | 、 l· | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Class B Common Stock 05/1 | | | | 05/19 | 5/19/2015 | | | | A | | 4,000 | 4,000 ⁽¹⁾ A | | \$ | 12,000 | | I |) | | |
| 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 (Month/Day/Year) 33. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | Date, | Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | nber | | | | | | |

Explanation of Responses:

1. Mr. Eden was granted 4,000 restricted shares of Class B Common Stock on May 19, 2015. These restricted shares vest as follows: 1,000 shares vest as of May 19, 2017, 1,000 shares vest as of May 19, 2018, 1,000 shares vest as of May 19, 2019 and 1,000 shares vest as of May 19, 2020.

Remarks:

/s/ Laura R. Kuntz, Esq., 05/21/2015 Attorney-In-Fact

** 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.