FORM 4

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

OMB APPROVAL
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|---|--|---|---|--|-----|-------------|--|------------------------------|------------------------------------|---|---|--|---|--|-------------|
| Name and Address of Reporting Person * Decker Suzanne M | | | | 2. Issuer Name and Ticker or Trading Symbol JOINT Corp [JYNT] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 16767 N. PERIMETER DR., STE. 240 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2019 | | | | | | | Office | er (give title belo | ow) | Other (specify b | pelow) |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ Form fil | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| SCOTTS | SDALE, A | Z 85260 | | | | | | | | | Form the | ed by More man | One Reporting | reison | |
| (City | 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, i any (Month/Day/Year | Code (Instr. 8) | | ction | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | d of | Beneficial | nt of Securities ally Owned Following Transaction(s) and 4) | | \ / | Beneficial Ownership | |
| | | | | | C | ode | V | Amou | (A) or (D) | r Price | e | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | stock | | 05/31/2019 | | | A | | 2,500 (1) | A | \$ 0 | 17,952 | | | D | |
| | | | | Derivative Securit | | d cquire | conta the fo d, Dis | ained i orm dis sposed | n this fo splays a of, or Be | orm a a curr eneficia | ently valid | uired to res OMB cont | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | | | 4. 5. | | | | ate Exercisable | | | Title and | 8. Price of | 9. Number | of 10. | 11. Nature | |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date (Month/Day/\footnote{\text{Month/Day/\footnote{\text{V}}} | Execution Date (Year) | te, if Transaction Code (Instr. 8) | | | and Expiration Date (Month/Day/Year) | | An Un Se | Amount of Underlying Securities Instr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct () or Indire | hip of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | (A) | | Date Exerc | cisable | Expirati Date | on Tit | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Decker Suzanne M 16767 N. PERIMETER DR., STE. 240 SCOTTSDALE, AZ 85260 | X | | | | |

Signatures

| /s/Robin C. Friedman, Attorney-in-fact | 06/04/2019 | | |
|--|------------|--|--|
| **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).
- (1) All of the shares are restricted shares, with vesting in full on the earlier of (i) May 31, 2020 and (ii) the date of the next annual meeting of the shareholders.

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.