FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | 01 3 | Secur | JII 30(II) | or trie i | iivesiiiei | it Con | ilpaily Act | 01 1940 | , | | | | | | | |
|--|---|--|---|---------------------------------------|------|--|---|-----------|-------------------------------------|-----------------------------|-------------|---|---|-------|---|---|--|---|--|---|
| 1. Name an Nyland | | Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol DIGI INTERNATIONAL INC [DGII] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| <u>IN y I a II U</u> | Juli A. | | | = = = = = = = = = = = = = = = = = = = | | | | | | | | | | Direc | | | 10% C | | | |
| (Last) (First) (Middle) | | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | belov | , | | below) | |
| 11001 BI | | 11/28/2016 | | | | | | | | | | VP, Manufacturing Operations | | | | | ns | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| MINNET | TONKA MN 55343 | | | | | | | | | | | | | | X | Form | Form filed by One Reporting Person | | | |
| (City) (State) (Zip) | | | Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | eurities Acquired (A sed Of (D) (Instr. 3, | | | 4 and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | () () | A) or O) | Price | | Transa | nsaction(s) str. 3 and 4) | | | (1130.4) |
| Common Stock 11/28/ | | | | | | | 2016 | | F | | 1,026 | 5 | D \$1 | | 3.5 | 33,352.398 | | D | | |
| 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. Deeme Execution if any (Month/Day | Date, T | | Transaction Code (Instr. | | | | xercis n Date ay/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Expira Exercisable Date | | Expiration Date | Numbe of Title Shares | | | | | | | | | | |

Explanation of Responses:

/s/ Joshua L. Colburn, Attorney-in-Fact

11/30/2016

** Signature of Reporting Person

n 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.