FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHA | NGES IN | BENEFICIAL | OWNERSHIP |
|-----------|--------|---------|------------|------------------|

OMB APPROVAL OMB Number: 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Chow Daniel | | | | 2. Issuer Name and Ticker or Trading Symbol Willdan Group, Inc. [WLDN] | | | | | | | | Check | all app | olicable) | | | Ssuer Owner (specify | | | |
|---|--|------|---------------|---|--------|--|----------|--|---|------------------|---------------------------|---------------|------------------------------|---|---------------------------------------|---|--|----------|-----------|----|
| (Last) (First) (Middle) 2401 EAST KATELLA AVE SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2019 | | | | | | | | | X | belov | | rating C | below) | | | |
| (Street) ANAHE | M CA | | 02806 Zip) | | 4. If | Ame | endment, | Date o | f Original | Filed | (Month/Da | ay/Yea | ar) | | . Indiv ine) X | Form | r Joint/Group n filed by Ond n filed by Modon | e Report | ing Pers | on |
| | | Tabl | e I - Nor | ո-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of (5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | (A) or 3, 4 a | 4 and Secu Bend Own | | ecurities I eneficially (| | ership Direct ndirect :. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Transa | nsaction(s) str. 3 and 4) | | | (11341.4) | |
| Common Stock 03/0 | | | | 03/05 | 5/2019 | | | | A | | 8,760 ⁽¹⁾ A | | \$ | 40,591 ⁽²⁾ | | 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi For Dire or II (I) (I | nership m: ect (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

- 1. Represents shares of the Issuer's Common Stock that vested subject to a time-based vesting restriction on March 6, 2019 under performance-based restricted stock units granted on March 6, 2018.
- 2. Includes (i) 3,333 shares of restricted stock that vest on May 5, 2019, (ii) 889 shares of restricted stock that vest on March 8, 2020 and (iii) 1,778 shares of restricted stock that vest in two substantially equal installments on each of October 31, 2019 and October 31, 2020.

/s/ Stacy McLaughlin,

Attorney-in-fact for Daniel

Chow

** Signature of Reporting Person

Date

03/26/2019

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.