**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

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1. **Name and Address of Reporting Person**
   - BLESS MICHAEL A
     - (Last) BLESS
     - (First) MICHAEL
     - (Middle) A
     - 5956 W. Las Positas Blvd.

2. **Date of Event Requiring Statement (Month/Day/Year)**
   - 05/16/2017

3. **Issuer Name and Ticker or Trading Symbol**
   - SIMPSON MANUFACTURING CO INC /CA/ [ SSD ]

4. **Relationship of Reporting Person(s) to Issuer (Check all applicable)**
   - X Director
   - 10% Owner
   - Officer (give title below)
   - Other (specify below)

5. **If Amendment, Date of Original Filed (Month/Day/Year)**

6. **Individual or Joint/Group Filing (Check Applicable Line)**
   - X Form filed by One Reporting Person
   - Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
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</table>

### Table II - Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
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**Explanation of Responses:**
No securities are beneficially owned.

**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 5 (b)(v).


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.

/s/BRIAN J. MAGSTADT, as Attorney-in-Fact for MICHAEL A. BLESS

05/16/2017