

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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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

| 1. Name and Address of Reporting Person * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|---|-------------|--------------------------------------|-------------|---|--|--|------------|--|---|---|---|--|-------------------------|----------------------------|---|---|--|
| GIERTZ JAMES R | | | | | Sc | Schneider National, Inc. [SNDR] | | | | | | | | | | | | |
| (Last) | (First) |) (M | (Middle) | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X _ Director10% Owner Officer (give title below) Other (specify below) | | | | | |
| 3101 SOUTH PACKERLAND DRIVE | | | | | 7/9/2018 | | | | | | | | | | | | | |
| (Street) | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| GREEN BAY, WI 54313 (City) (State) (Zip) | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (0) | ,, (8 | | | - Non- | Der | ivati | ve Seci | ırities Ac | quir | ed, Di | sposed o | f, or | Ben | eficially Owne | d | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. Date | | e 2A. Deemed Execution Date, if any | | 3. Trans. Co. (Instr. 8) | | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | | | Fo (Ir | Following Reported Transaction(s) (Instr. 3 and 4) F | | or Indirect (I) (Instr. | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Class B Common Stock | | | 7/9/2018 | 8 | | | Code A | V | 7.60 (1) | (D) | Price \$28.2 | | 8237.42 | | (4) D | | | |
| | Tabl | le II - Der | ivative S | Securit | ies I | Bene | ficially | Owned (| e.g. | , puts, | calls, wa | arrar | nts, o | options, conve | rtible sec | urities) | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | Date Ex | 3A. Deem Execution Date, if an | ution (Inst | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date | | | ities U | Underlying Security | | 9. Number of derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Со | ode | V | (A) | (D) | Date | e rcisable | Expiration Date | Title | Amo Share | ount or Number of es | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) These deferred stock units were acquired pursuant to a dividend reinvestment feature of the Schneider National, Inc. Director Deferred Compensation Program. The units will be settled in shares of Class B common stock in accordance with the terms of the Program.

Reporting Owners

| PB | | | | | | | |
|--------------------------------|--------------------|--|---------|-------|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | |
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | |
| GIERTZ JAMES R | | | | | | | |
| 3101 SOUTH PACKERLAND DRIVE | X | | | | | | |
| GREEN BAY, WI 54313 | | | | | | | |

Signatures

| /s/ Joshua A. Agen, by power of attorney | 7/10/2018 |
|--|-----------|
| ** 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 control number.