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									
ha nas saanaa	. 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	on 30(h) (or the	investmer	nt Co	ompany Act	or 1940									
1. Name and Address of Reporting Person* KEITEL WILLIAM E						2. Issuer Name and Ticker or Trading Symbol Turtle Beach Corp [HEAR]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O TURTLE BEACH CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020									Officer (give title Other (spec below) below)					cify	
11011 VIA FRONTERA, SUITE A/B					_ 4.1	f Ame	ndment,	Date	of Original	File	d (Month/Da		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(Street) SAN DIEGO CA 92127																					
(City)	(S	tate)	(Zip)																		
		Tal	ole I - N	on-Der	ivativ	e Se	curities	s Ac	quired,	Di	sposed o	f, or Be	nefici	ially O	wned						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execu			3. Transaction Code (Instr. 8)					Secu Bene Own	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code V		Amount (A) or (D)		Price	Trans	Transaction(s) (Instr. 3 and 4)				,		
Common	Stock			04/01	/2020	020			A		8,403(1)	A	\$0.00)	51,470		D				
Common Stock															14,50	00		I I		By The Keitel McSweeney Family Trust ⁽²⁾	
			Table II								oosed of, convertil				ned			<u>'</u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	iip o B) O ct (I	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amou or Numb of Share	ber							
Stock Option (Right to Buy)	\$62.52								(3)		01/30/2024	Common Stock	800)		800		00 D			
Stock Option (Right to Buy)	\$9.16								(3)		04/09/2025	Common Stock	5,45	9		5,459		D			
Stock Option (Right to Buy)	\$4.64								(3)		04/04/2026	Common Stock	10,7	76		10,7	.0,776 D				
Stock Option (Right to Buy)	\$3.6								(3)		04/19/2027	Common Stock	13,88	89		13,8	13,889 D				
Stock Option (Right to Buy)	\$3.12								(3)		04/11/2028	Common Stock	16,02	25		16,0)25	D			
Stock Option (Right to Buy)	\$12.1								(3)		04/01/2029	Common Stock	4,13	32		4,13	32	D			
Stock Option (Right to Buy)	\$5.95	04/01/2020			A		16,806		04/01/202	21	04/01/2030	Common Stock	16,80	06 \$	0.00	16,8	806	D			

Explanation of Responses:

- 1. These are restricted shares that will vest on April 1, 2021.
- 2. These shares are held in a trust for the benefit of certain of the Reporting Person's family members. The Reporting Person disclaims beneficial ownership of these shares.
- 3. All options are exercisable as of the date of this Form 4.

Remarks:

** 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 Number.