FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF 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

Coin Downall			2. Date of E (Month/Day/ 05/13/2019		g Statement	t 3. Issuer Name and Ticker or Trading Symbol Tectonic Financial, Inc. [TECTP]							
					Relationship of Reporting Person(s) to Issue (Check all applicable)				5. If A	Amendment, Date of C	Driginal Filed (Month/Day/Year)		
(Last) C/O TECTONIC FINA 16200 DALLAS PARK		(Middle)				(Check all	applicable) Director Officer (give title below)	10% Owner Other (specify b	pelow)	6. Inc	X Form filed by Or	Filing (Check Applicable Line) ne Reporting Person ore than One Reporting Person	
(Street) DALLAS	TX	75248											
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)					2. Amount o (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock							205,100	D					
Common Stock							10,000	I		By individual retirement account			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)			te	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Convers or Exercis Price of		е	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)					
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security				

Explanation of Responses:

By Michelle Baird as Attorney-in-Fact for Darrell W. Cain

** Signature of Reporting Person

<u>05/13/2019</u>

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).