

MEDICAL TRANSCRIPTION BILLING, CORP  
 Form 4  
 April 06, 2016

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 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).

**STATEMENT OF CHANGES IN 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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 MUNTER CAMERON

2. Issuer Name and Ticker or Trading Symbol  
 MEDICAL TRANSCRIPTION BILLING, CORP [MTBC]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 7 CLYDE ROAD  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 04/04/2015

Director  10% Owner  
 Officer (give title below)  Other (specify below)

SOMERSET, NJ 08873  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

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

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock	04/04/2015		M	V	7,500	A	\$ 0 (1) 7,500 D
Common Stock	04/04/2016		M	V	7,500	A	\$ 0 (1) 47,500 D

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

**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.**

SEC 1474 (9-02)

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price or Amount of Security (Instr. 3 and 4)
Restricted Stock Unit	\$ 0 <sup>(1)</sup>	04/04/2015		M	7,500	<sup>(1)</sup> <sup>(1)</sup>	Common Stock	7,500 \$
Restricted Stock Unit	\$ 0 <sup>(1)</sup>	04/04/2016		M	7,500	<sup>(1)</sup> <sup>(1)</sup>	Common Stock	7,500 \$

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MUNTER CAMERON 7 CLYDE ROAD SOMERSET, NJ 08873		X		

## Signatures

/s/Amritpal Deol  
Attorney-in-Fact  
  
04/06/2016  
Date

\*\*Signature of Reporting Person

## Explanation of Responses:

\* 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).

(1) Represents the conversion upon vesting of restricted stock units into common stock on April 4, 2015 and April 4, 2016. These restricted stock units and the shares of common stock issued upon vesting of such units were acquired under the Company's 2014 Equity Incentive Plan, without payment by the reporting person. The remainder of the restricted stock units vest as follows: September 15, 2016-7,500; April 4, 2017-7,500; September 15, 2017-7,500.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.