Edgar Filing: Ozyurek Saim Mert - Form 4/A

Form 4/A	n Mert										
October 09, 2									OMB A	PPROVAL	
				CURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549					OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	CHANGES IN BENEFICIAL OW SECURITIES					NERSHIP OF	Expires: Estimated a burden hou response	irs per			
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 1	7(a) of the 1	Public Uti		ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
Ozyurek Saim Mert Symbo			Symbol	2. Issuer Name and Ticker or Trading ymbol MERICAN SHARED HOSPITAL				5. Relationship of Reporting Person(s) to Issuer			
		CAN SHA		USFI	IAL	(Check all applicable)					
(Month				ate of Earliest Transaction nth/Day/Year) 14/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)			
Filed(Mo				nendment, Date Original Ionth/Day/Year) /2018				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SAN FRANC	CISCO, CA 94	4111						Form filed by N Person	Iore than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transactio (Month/Day/ (Instr. 3)		any		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			SecuritiesHBeneficially(OwnedH	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	Transaction(s) (Instr. 3 and 4)			
Common Stock, No Par Value	06/14/2018			A	500 <u>(1)</u>		\$ 0	61,630 <u>(2)</u> <u>(3)</u>	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.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ozyurek Saim Mert 2 EMBARCADERO CENTER, SUITE 410 SAN FRANCISCO, CA 94111	Х					
Signatures						
/s/ Craig Tagawa on behalf of Saim Mert Ozyurek	10/09/2018					
**Signature of Reporting Person		Date				

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).

This represents an award of restricted stock units. Each unit will entitle the reporting person to one share of the issuer's common stock upon vesting. The units will vest in full upon the earlier of (I) the reporting person's completion of one year of service measured from (1) June 14, 2018, or (II) such individual's continuation in Board service through the day immediately preceding the 2019 Annual Shareholders Meeting (the "Vesting Date").

- Includes 500 shares subject to the reported restricted stock unit award which will vest in full on the Vesting Date. Total number of shares (2)reflects a correction of prior mathematical error.
- (3) Total number of shares decreased by 178,776 to reflect a correction of prior mathematical error.

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.