### Edgar Filing: AMERICAN SHARED HOSPITAL SERVICES - Form 4

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AMERICAN SHARED HOSPITA Form 4 June 14, 2007	AL SERVICES		
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <b>STATEMEN</b> Filed pursuant Section 17(a) of	TES SECURITIES AND EXCH. Washington, D.C. 20549 T OF CHANGES IN BENEFICI SECURITIES at to Section 16(a) of the Securities the Public Utility Holding Company 30(h) of the Investment Company A	AL OWNERSHIP OF Exchange Act of 1934, ny Act of 1935 or Section	OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5
<ul> <li>(Print or Type Responses)</li> <li>1. Name and Address of Reporting Perso AMERICAN SHARED HOSPIT SERVICES</li> </ul>		Issuer PITAL	Reporting Person(s) to k all applicable)
(Last) (First) (Middle FOUR EMBARCADERO CENTER, SUITE 3700	<ul> <li>3. Date of Earliest Transaction (Month/Day/Year) 06/14/2007</li> </ul>	X Director Officer (give below)	title 10% Owner Other (specify below)
(Street) SAN FRANCISCO, CA 94111-4	<ul><li>4. If Amendment, Date Original Filed(Month/Day/Year)</li></ul>	Applicable Line) _X_ Form filed by C	int/Group Filing(Check One Reporting Person fore than One Reporting
(City) (State) (Zip)	Table I - Non-Derivative Secu	urities Acquired, Disposed of	, or Beneficially Owned
(Instr. 3)	Execution Date, if TransactionAcquired ( any Code Disposed of Month/Day/Year) (Instr. 8) (Instr. 3, 4	A) orSecuritiesf (D)Beneficially	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)
COMMON STOCK 06/14/2007	A 500 (1)	A \$0 201,411 (2)	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
STOCK OPTION (RIGHT TO BUY)	\$ 6.05	06/14/2007		A	2,000	06/14/2007 <u>(3)</u>	06/13/2014	COMMON STOCK	2,00

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships			
		Director	10% Owner	Officer	Other
AMERICAN SHARED HOSPITAL SERVICES FOUR EMBARCADERO CENTER SUITE 3700 SAN FRANCISCO, CA 94111-4107		Х			
Signatures					
JOHN F RUFFLE	06/14/2007				
<pre>**Signature of Reporting Person</pre>	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 TO ONE SHARE OF THE ISSUER'S COMMON STOCK UON VESTING. THE UNITS WILL VEST IN FULL UPON THE EARLIER OF (I)

- (1) THE REPORTING PERSON'S COMPLETION OF ONE YEAR OF SERVICE MEASURED FROM JUNE 14, 2007 OR (II) SUCH INDIVIDUAL'S CONTINUATION IN BOARD SERVICE THROUGH THE DAY IMMEDIATELY PRECEDING THE 2008 ANNUAL SHAREHOLDERS MEETING (THE "VESTING DATE").
- (2) INCLUDES 500 SHARES SUBJECT TO THE REPORTED RESTRICTED STOCK UNIT AWARD WHICH WILL VEST IN FULL ON THE VESTING DATE.

THE REPORTED OPTION IS IMMEDIATELY EXERCISABLE FOR ALL OF THE OPTION SHARES. HOWEVER, ANY UNVESTED SHARES REPURCHASED UNDER SUCH OPTION WOULD BE SUBJECT TO THE ISSUER'S RIGHT TO

(3) REPURCHASE THOSE SHARES, AT THE EXERCISE PRICE PAID PER SHARE, UPON THE REPORTING PERSON'S TERMINATION OF SERVICE WITH THE ISSUER PRIOR TO VESTING IN SUCH SHARES. THE OPTION SHARES WILL VEST IN FULL ON THE VESTING DATE.

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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.