

AMERICAN SHARED HOSPITAL SERVICES

Form 3

September 15, 2009

FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**INITIAL STATEMENT OF 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 * 2. Date of Event
Requiring Statement
AMERICAN SHARED
HOSPITAL SERVICES
(Last) (First) (Middle) 09/10/20093. Issuer Name and Ticker or Trading Symbol
AMERICAN SHARED HOSPITAL SERVICES [AMS]4. Relationship of Reporting
Person(s) to Issuer 5. If Amendment, Date Original
Filed(Month/Day/Year)FOUR EMBARCADERO
CENTER, SUITE 3700

(Check all applicable)

(Street)

☒ Director ☐ 10% Owner 6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Officer ☐ Other ☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person
(give title below) (specify below)SAN
FRANCISCO, CA 94111-4107
(City) (State) (Zip)**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

COMMON STOCK

25,000

I

HELD BY A CORPORATION
MR STACHOWIAK HAS
CONTROLLING INTERESTReminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

**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 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)3. Title and Amount of
Securities Underlying
Derivative Security4. Conversion
or Exercise5. Ownership
Form of6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

Date Exercisable	Expiration Date	Title (Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

AMERICAN SHARED HOSPITAL SERVICES
FOUR EMBARCADERO CENTER
SUITE 3700
SAN FRANCISCO, CA 94111-4107

Â X Â Â Â

Signatures

ERIC OHWA ON BEHALF OF RAY
STACHOWIAK

09/15/2009

Signature of Reporting Person

Date

Explanation of Responses:

* 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).

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.