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

AMERICAN SHARED HOSPITAL SERVICES Form 4/A

December 26,	2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longer subject to Section 16. Form 4 or	STATEME								Expires: Estimated a burden hou response		
Form 5 obligations may continue. See Instruction 1(b). 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										0.0	
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> AMERICAN SHARED HOSPITAL SERVICES			2. Issuer Name <b>and</b> Ticker or Trading Symbol AMERICAN SHARED HOSPITAL SERVICES [AMS]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below)				
FOUR EMBA CENTER, SU			12/21/201	2				· ·	MAN AND CI	EO	
	(Street)	ndment, Date Original ıth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
SAN FRANC	ISCO, CA 94111	-4107	03/14/201	-				_X_ Form filed by C Form filed by M Person			
(City)	(State) (Z	ip)	Table l	I - Non-Der	ivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		emed ion Date, if 1/Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
COMMON STOCK	12/21/2012			G	550	D	\$0	631,070 <u>(1)</u>	D		
Reminder: Repor	t on a separate line fo	r each cle	ass of securit	ies benefici:	ally owned	l direc	tly or i	ndirectly			

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
				(Instr. 3, 4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rtina O	wners								

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Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
AMERICAN SHARED HOSPITAL SERVICES FOUR EMBARCADERO CENTER SUITE 3700 SAN FRANCISCO, CA 94111-4107	Х	Х	CHAIRMAN AND CEO				
Signatures							
ERIC OHWA ON BEHALF OF ERNEST A BATES, MD		12/26/2	2012				
**Signature of Reporting Person		Date					
Explanation of Responses:							

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- \* 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).

A FORM 4 FILED ON 03/14/2011, ACCESSION NUMBER 0000744825-11-000002, MISTAKENLY REPORTED A GIFT OF (1) SHARES THAT WAS NOT COMPLETED. THIS GIFT OF THE SAME NUMBER OF SHARES WAS ACTUALLY MADE ON 12/21/2012.

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.