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

AMERICAN SHARED HOSPITAL SERVICES Form 4 June 08, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **BATES ERNEST A** Issuer Symbol AMERICAN SHARED HOSPITAL (Check all applicable) SERVICES [AMS] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director X 10% Owner X\_Officer (give title \_ Other (specify (Month/Day/Year) below) below) FOUR EMBARCADERO 06/06/2016 Chairman and CEO CENTER,, SUITE 3700 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person \_ Form filed by More than One Reporting SAN FRANCISO, CA 94111 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 1.Title of 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) any Code (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Ownership (Month/Day/Year) (Instr. 8) Owned Indirect (I) (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D) Common Р 06/06/2016 190 \$2 A 587,660 D Stock Common 06/06/2016 Ρ 310 587,970 D А 2.03Stock Common 06/07/2016 Ρ 403 A 588,373 D Stock Common Р 97 D 06/07/2016 Α 588,470 2.09Stock

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 | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.              | 6. Date Exer | cisable and | 7. Tit | le and       | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|-----------------|--------------|-------------|--------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber        | Expiration D | ate         | Amou   | int of       | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of              | (Month/Day/  | Year)       | Unde   | rlying       | Security    | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivativ       | e            |             | Secur  | ities        | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities      |              |             | (Instr | . 3 and 4)   |             | Owne   |
|             | Security    |                     |                    |            | Acquired        |              |             |        |              |             | Follo  |
|             |             |                     |                    |            | (A) or          |              |             |        |              |             | Repo   |
|             |             |                     |                    |            | Disposed        |              |             |        |              |             | Trans  |
|             |             |                     |                    |            | of (D)          |              |             |        |              |             | (Instr |
|             |             |                     |                    |            | (Instr. 3,      |              |             |        |              |             |        |
|             |             |                     |                    |            | 4, and 5)       |              |             |        |              |             |        |
|             |             |                     |                    |            |                 |              |             |        | Amount       |             |        |
|             |             |                     |                    |            |                 |              |             |        | Amount       |             |        |
|             |             |                     |                    |            |                 | Date         | Expiration  | Title  | or<br>Number |             |        |
|             |             |                     |                    |            |                 | Exercisable  | Date        | Title  | of           |             |        |
|             |             |                     |                    | Code V     | $(\Lambda)$ (D) |              |             |        | Shares       |             |        |
|             |             |                     |                    | Coue v     | (A) (D)         |              |             |        | Shares       |             |        |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                  |       |  |  |  |
|--|---------------|-----------|------------------|-------|--|--|--|
|  | Director      | 10% Owner | Officer          | Other |  |  |  |
| BATES ERNEST A<br>FOUR EMBARCADERO CENTER,<br>SUITE 3700<br>SAN FRANCISO, CA 94111 | X             | Х         | Chairman and CEO |       |  |  |  |
| Signatures   |               |           |                  |       |  |  |  |
| /s/ Chloe Tagawa on behalf of Ernest A<br>Bates, MD                                | A. 06/08/2016 |           |                  |       |  |  |  |
| **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).

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.