CareView Communications Inc

Form 4

September 02, 2016

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

OMB Number:

3235-0287

0.5

Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

OMB APPROVAL

subject to Section 16. Form 4 or Form 5

obligations

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

burden hours per response...

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

EPSTEIN STEVEN B

2. Issuer Name and Ticker or Trading

Symbol

CareView Communications Inc

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

[CRVW]

(Month/Day/Year)

08/31/2016

(Last) (First) (Middle)

3. Date of Earliest Transaction

X_ Director Officer (give title below)

10% Owner Other (specify

405 STATE HIGHWAY 121,, SUITE B-240

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

LEWISVILLE, TX 75067

(City)

(Instr. 3)

1. Title of 2. Transaction Date 2A. Deemed Security

(State)

(Month/Day/Year) Execution Date, if

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Conversion

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if TransactionDerivative

5. Number of

Date Exercisable and **Expiration Date**

7. Title and Amou Underlying Securi

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A Disposed of (Instr. 3, 4, 5) | f (D) | | | (Instr. 3 and | 4) |
|-------------------------------------------|------------------------------------------|------------|-------------------------|-----------------|-----------------------------------------------------|-------|---------------------|--------------------|-----------------|--------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amo Nun Shar |
| Non-qualified stock option (right to buy) | \$ 0.17 | 08/31/2016 | | A | 235,295 | | <u>(1)</u> | 08/30/2026 | Common Stock | 235 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|-----------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| EPSTEIN STEVEN B 405 STATE HIGHWAY 121, SUITE B-240 LEWISVILLE, TX 75067 | X | | | | | | |
| | | | | | | | |

Signatures

/s/ Steven B.
Epstein

**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).
- (1) Vesting shall occur at the rate of 33.3% on the first anniversary of the grant date, 33.3% on the second anniversary of the grant date and 33.4% on the third anniversary of the grant date, subject to continued service on the Board.

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.

Reporting Owners 2