Electromed, Inc.

Form 3

FORM 3 UNITED STA			ATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549			OMB APPROVAL			
				.,			Number:	3235-0104	
	IN	ITIAL S	STATEMENT OF B		OWNERSH	IP OF	Expires:	January 31, 2005	
		17(a) of	t to Section 16(a) of t the Public Utility Ho 0(h) of the Investmer	olding Compar	ny Act of 193		Estimated a burden hou response	average Irs per	
(Print or Type Respor	nses)	5	o(ii) of the investmen	it company 7					
1. Name and Address of Reporting Person <u>*</u> Lee A Jones			2. Date of Event Requiring Statement 3. Issuer Name <b>and</b> Ticker or Trading Sy Electromed, Inc. [ELMD]				nbol		
(Last) (Fin	rst)	(Middle)	08/26/2014					. If Amendment, Date Original Filed(Month/Day/Year)	
C/O ELECTRON INC., 500 SIXT NW		EET		(Chec	k all applicable)		` <b>`</b>	,	
(Str	eet)			X Direct Officer (give title bel	r Other	ow) Filing	ividual or Joir (Check Applica	ble Line)	
NEW PRAGUE,	MNÂ	56071				Persor Fo	orm filed by On a orm filed by Mo ting Person		
(City) (Sta	ate)	(Zip)	Table I	- Non-Deriva	vative Securities Beneficially Owned				
1.Title of Security (Instr. 4)				nt of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	ficial	
Reminder: Report on owned directly or ind		e line for e	ach class of securities ben	eficially	SEC 1473 (7-02	)			
	informa required	tion cont to respo	pond to the collection ained in this form are and unless the form di MB control number.	not					
Table	II - Deriv	ative Secu	rities Beneficially Owne	d (e.g., puts, call	s, warrants, opt	tions, convert	ible securities	s)	

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

Shares

or Indirect (I) (Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Lee A Jones C/O ELECTROMED, INC. 500 SIXTH STREET NW NEW PRAGUE, MN 56071	ÂX	Â	Â	Â		
Signatures						
/s/ Lee A. Jones 09/04	4/2014					

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

## No securities are beneficially owned

- \* 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.