Edgar Filing: MGC DIAGNOSTICS Corp - Form 4

| | NOSTICS Corp | | | | | | | | | | | | |
|--|---|---|---|--|------|-------------|--------|------------|---|--|------------------------|--|--|
| Form 4 | 015 | | | | | | | | | | | | |
| January 14, 2 | | | | | | | | | | | PPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | 3235-0287 | | | | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | to Suant to S | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | | January 31, Expires: 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | | |
| Margolies Matthew Symbol MGC D | | | | r Name and Ticker or Trading DIAGNOSTICS Corp | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of (Month/ | | | [MGCD 3. Date of (Month/D 12/31/20 | f Earliest Transaction Day/Year) | | | | | Director 10% Owner X Officer (give title Other (specify below) below) President | | | | |
| | | | | endment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| GALENA, C | OH 43021 | | | | | | | | Form filed by N Person | | | | |
| (City) | (State) (| Zip) | Table | e I - Noi | n-De | erivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Year) Execution Date, if any | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | | | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| Common Stock | 12/31/2014 | | | A <u>(1)</u> | | | A | \$ 5.44 | 23,157 | D | | | |

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)

| D S | Title of verivative ecurity instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Titl Amou Under Secur (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|--------|--|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Margolies Matthew 3065 SUMMER LEAF CT GALENA, OH 43021 | | | Preside | nt | | | | | |
| Signatures | | | | | | | | | |
| Suzette McNally, Attorney-in- Margolies | 01/14/2015 | | | | | | | | |
| **Signature of Reporting | 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) Shares acquired under the MGC Diagnostics Corporation Restated 2003 Employee Stock Purchase Plan.

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.