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AMERICAN SHARED HOSPITAL SERVICES

Form 4

November 17, 2016

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

3235-0287

Expires:

January 31, 2005

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Check this box if no longer 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

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 * Stachowiak Raymond C

2. Issuer Name and Ticker or Trading

Issuer

5. Relationship of Reporting Person(s) to

below)

Symbol

AMERICAN SHARED HOSPITAL SERVICES [AMS]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction

_X__ Director X__ 10% Owner Officer (give title _ Other (specify

C/O ASHS, 2 EMBARCADERO

CENTER - SUITE 410

4. If Amendment, Date Original

(Month/Day/Year)

11/15/2016

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

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

SAN FRANCISCO, CA 94111-4107

(Street)

(City)	(State)	(Zip) Tab	le I - Non-	Derivative S	Securi	ties Ac	quired, Disposed	of, or Benefic	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie or(A) or Disp (Instr. 3, 4	osed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock, No Par Value	11/15/2016		M	100,000	A	\$ 2.2	255,500	I	By RCS Investments Inc.
Common Stock, No Par Value	11/15/2016		G	200,000	D	\$0	55,500	I	By RCS Investments Inc.
Common Stock, No Par Value	11/15/2016		G	200,000	A	\$ 0	600,000	I	By Stachowiak Equity Fund LLC (1)

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Common

Stock, No 48,826 D

Par Value

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

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SEC 1474 (9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		rivative Expiration Date rurities (Month/Day/Year) quired (A) or posed of (D)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Warrants (right to purchase)	\$ 2.2	11/15/2016		M		100,000	10/22/2015	10/22/2017	Common Stock	100,00

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Stachowiak Raymond C						
C/O ASHS	v	\mathbf{v}				
2 EMBARCADERO CENTER - SUITE 410	X	X				
SAN FRANCISCO, CA 94111-4107						

Signatures

/s/ Chloe Tagawa on behalf of Raymond C.
Stachowiak

Date

11/17/2016

**Signature of Reporting Person

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).
- Fund is 60% controlled by a trust with the reporting person as sole trustee and beneficiary, and 20% each by two trusts established for the benefit of the reporting person's children, with the spouse of the reporting person as sole trustee of each.

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.

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