Edgar Filing: AMERICAN SHARED HOSPITAL SERVICES - Form 4

AMERICAN	SHARED HOS	SPITAL S	SERVICES	5							
Form 4 June 23, 2016											
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no long	or	MENT O	FCHAN	NGES IN BENEFICIAL OWNERSHIP OF					Expires:	January 31, 2005	
subject to Section 16. Form 4 or						CIA		NEKSIII OF	Estimated a burden hou response	irs per	
Form 5 obligation	-						-	ge Act of 1934,	·		
may conti <i>See</i> Instru 1(b).	nue. Section 17) of the Inv	•	•	• •		f 1935 or Sectio 40	'n		
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol AMERICAN SHARED HOSPITAL SERVICES [AMS]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mo			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 06/21/2016				X_ Director 10% Owner Officer (give title below) Other (specify below)			
	(Street) 4. If Amendm Filed(Month/E				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN FRAN	CISCO, CA 941	11						Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executi any		3. Transactic Code (Instr. 8) Code V	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) o of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/21/2016			A	500 <u>(1)</u>		\$ 0	41,000 (2)	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)

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 on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 2.25	06/21/2016		А	2,000	06/20/2017 <u>(3)</u>	06/20/2023	Common Stock	2,000

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director		Other			
Ozyurek Saim Mert 4 EMBARCADERO CENTER - SUITE 3700 SAN FRANCISCO, CA 94111	Х					
Signatures						
/s/ Chloe Tagawa on behalf of Saim Mert Ozyurek	06/23/2016					
**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).

This represents an award of restricted stock units. Each unit will entitle the reporting person to one share of the issuer's common stock upon vesting. The units will vest in full upon the earlier of (I) the reporting person's completion of one year of service measured from

- (1) June 21, 2016, or (II) such individual's continuation in Board service through the day immediately preceding the 2017 Annual Shareholders Meeting (the "Vesting Date").
- (2) Includes 500 shares subject to the reported restricted stock unit award which will vest in full on the Vesting Date.
- The reported stock option will vest in full upon the earlier of (I) the reporting person's completion of one year of service measured from
- (3) June 21, 2016, or (II) such individual's continuation in Board service through the day immediately preceding the 2017 Annual Shareholders Meeting (the "Vesting Date").

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.