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AMERICAN SHARED HOSPITAL SERVICES

Form 4 November 23, 2009

November 23, 2	2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check this b if no longer		ς								January 31,	
subject to Section 16. Form 4 or Form 5			ES IN BENEFICIAL OWN ECURITIES a) of the Securities Exchange					Expires: Estimated a burden hour response	•		
-	obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Se 30(h) of the Investment Company Act of 1940										
(Print or Type Res	ponses)										
1. Name and Adda AMERICAN S SERVICES	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer					
SERVICES	AMERICAN SHARED HOSPITAL SERVICES [AMS]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Officer (give title Other (specify below) below)			
FOUR EMBA	11/20/2009					CHIEF FINANCIAL OFFICER					
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
SAN FRANCI	SCO, CA 9	4111-4107						Person		porting	
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transactio (Month/Day/	any	tion Date, if TransactionAcquired (A) or Code Disposed of (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
COMMON STOCK	11/20/2009)		Code V G	Amount 1,400	(D) D	Price \$ 3.1	42,232	D		

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 9. Nt 2. 4. Derivative Conversion Derivative (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu Price of (Month/Day/Year) (Instr. 8) (Instr. 5) (Instr. 3) Derivative Securities Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares **Reporting Owners** Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other AMERICAN SHARED HOSPITAL SERVICES FOUR EMBARCADERO CENTER CHIEF FINANCIAL OFFICER **SUITE 3700** SAN FRANCISCO, CA 94111-4107 Signatures ERIC OHWA ON BEHALF OF CRAIG K 11/23/2009 **TAGAWA** **Signature of Reporting Person Date **Explanation of Responses:**

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* 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).

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.