TROTMAN STANLEY S JR

11/24/2008

11/25/2008

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Form 4

November 20	5, 2008									
FORM	4 UNITED ST	TATES SECUR	ITIES A	ND EX	СНА	NGE C	COMMISSION	OMB A	APPROV/	٩L
a			hington,			-,		Number:	3235	-0287
Check thi if no long subject to Section 1 Form 4 o	STATEME 6.	ENT OF CHANG	HANGES IN BENEFICIAL OWNERSHIP (SECURITIES					Estimated average burden hours per		0.5
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17(a)	ant to Section 16 of the Public Uti 30(h) of the Inv	ility Hold	ding Con	npany	y Act of	1935 or Section	·		
(Print or Type F	Responses)									
1. Name and Address of Reporting Person 2. Issue TROTMAN STANLEY S JR Symbol			•			5. Relationship of Reporting Person(s) to Issuer				
		AMERICAN SHARED HOSPITAL SERVICES [AMS]				(Check all applicable)				
(Last)	(First) (Mid	3. Date of (Month/Da 11/19/20	•	ansaction			_X_ Director Officer (give to below)		% Owner her (specify	,
			endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORI	K, NY 10011						Form filed by M Person	ore than One F	Reporting	
(City)	(State) (Zi	p) Table	I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficia	ally Owne	: d
1.Title of Security (Instr. 3)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		e of Indirect al Ownership
COMMON	11/19/2008		P	8,860	A	\$. 153,122	I	STANI	LEY S MAN JR

P

P

153,122

164,012

1.3995

7,025 A \$ 1.25 160,147

3,865 A \$ 1.25

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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.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities	1		(Instr.	3 and 4)		(
	Security				Acquired]
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

	Relationships
Reporting Owner Name / Address	-

Director 10% Owner Officer Other

TROTMAN STANLEY S JR
111 EIGHTH AVENUE X
NEW YORK, NY 10011

Signatures

ERIC OHWA ON BEHALF OF STANLEY S TROTMAN, JR

11/26/2008

**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).

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.

Reporting Owners 2