#### Edgar Filing: AMERICAN SHARED HOSPITAL SERVICES - Form 4

#### AMERICAN SHARED HOSPITAL SERVICES

Form 4 May 06, 2015

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 3235-0287

Number:

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Section 16. Form 4 or Form 5 obligations may continue. See Instruction

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if no longer

subject to

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * TROTMAN STANLEY S JR			2. Issuer Name and Ticker or Trading Symbol AMERICAN SHARED HOSPITAL SERVICES [AMS]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Mi	ddle)	3. Date of Earliest Transaction (Month/Day/Year) 05/04/2015					_X_ Director10% Owner Officer (give title below) Other (specify below)		
(City)	(Street)	(7	(in)	4. If Amendment, Date Origin Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(2	Zip)	Table	I - Non-Do	erivative S	Securi	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye		Executio any	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securin(A) or Di (D) (Instr. 3,	spose	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/04/2015				M	2,000 (1)	A		327,834	D	
Common Stock	05/04/2015				F	1,723 (2)	D	\$ 2.67	326,111	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 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. Transactic Code (Instr. 8)	5. Number out 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 Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Options (right to buy)	\$ 2.3	05/04/2015		M	2,000 (1)	06/19/2009	06/20/2015	Common Stock	2,0

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TROTMAN STANLEY S JR	v						

## **Signatures**

/s/Alexandra Tagawa on behalf of Stanley S.
Trotman, Jr.

\*\*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).
- The stock option grant was set to expire on June 20, 2015. The stock option was exercised using a cashless settlement in accordance with the terms of the Issuer's Incentive Compensation Plan as Amended and Restated Effective March 18, 2010. A cashless settlement results in the reporting person holding shares upon exercise of the stock option and obligates them to surrender a portion of the shares received upon exercise of the stock option in order to satisfy the aggregate exercise price obligation.

05/06/2015

(2) This component of the cashless settlement reflects the shares that the reporting person was obligated to surrender to the Issuer to pay for the aggregate exercise price for the shares acquired on May 4, 2015.

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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