TSS, Inc. Form 4 November 17, 2014

FORM 4

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

0.5

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obligations

may continue.

See Instruction

Check this box

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 * Woodward Peter H

2. Issuer Name and Ticker or Trading Symbol TSS, Inc. [TSSI]

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 11/14/2014

(Check all applicable)

_X__ Director Officer (give title below)

_X__ 10% Owner __ Other (specify

C/O TSS, INC., 7226 LEE **DEFOREST DRIVE, SUITE 104**

(Street)

4. If Amendment, Date Original

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

COLUMBIA, MD 21046

| | | Person | | | | | | | | |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|--------|------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------|--|
| (City) | (State) | (Zip) Tal | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securities of A) or Disp (Instr. 3, 4 a | osed o | | 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 | 11/14/2014 | | P | 160,000 | A | \$ 0.17 | 1,085,024 | I | Shares held through MHW Partners, L.P. | |
| Common Stock | | | | | | | 427,857 | I | Shares held through MHW SPV I, LLC (2) | |
| Common Stock | | | | | | | 885,714 | I | Shares subject to performance-related fee (3) | |
| Common Stock | | | | | | | 475,000 | I | Shares held through SOAM Azul II, LLC | |

(4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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) | 4. Transacti Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title a Amount Underlyi Securitie (Instr. 3 | of ing es | 8. Price of Derivative Security (Instr. 5) |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|---------------------|--------------------|------------------------------------------------------------|-----------------|-----------------------------------------------------|
| | | | Code V | | Date Exercisable | Expiration Date | or Title N of | umber | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| and the second of the second o | Director | 10% Owner | Officer | Other | | | |
| Woodward Peter H C/O TSS, INC. 7226 LEE DEFOREST DRIVE, SUITE 104 COLUMBIA, MD 21046 | X | X | | | | | |
| Signatures | | | | | | | |
| / / CT 1 / 1 D T 1 | | | | | | | |

/s/ Christopher R. Johnson, Attorney 11/17/2014 in Fact

Date

Explanation of Responses:

**Signature of Reporting Person

- 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 shares are owned by MHW Partners, L.P. The reporting person is the General Partner of MHW Partners, L.P. The reporting person **(1)** disclaims beneficial ownership of these shares except to the extent of the reporting person's pecuniary interest in the shares.
- The shares are owned by MHW SPV, LLC. The reporting person is the Manager of MHW SPV I, LLC. The reporting person disclaims beneficial ownership of these shares except to the extent of the reporting person's pecuniary interest in the shares.

Reporting Owners 2

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- The shares are owned by unaffiliated third persons, and the reporting person has a right to a performance-related fee upon the disposition (3) of such shares. The reporting person disclaims beneficial ownership of these shares except to the extent of the reporting person's pecuniary interest in the shares.
- (4) The shares are owned by SOAM Azul II, LLC. The reporting person is the Manager of SOAM Azul II, LLC. The reporting person disclaims beneficial ownership of these shares except to the extent of the reporting person's pecuniary interest in the shares.

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.