Stolarski Anthony Michael Form 4 January 19, 2018

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Stolarski Anthony Michael

2. Issuer Name and Ticker or Trading Symbol

SANUWAVE Health, Inc. [SNWW]

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

(Last)

(First)

(Street)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

Director Officer (give title

10% Owner Other (specify

99 W. ARLINGTON HEIGHTS

11/03/2017

below) 6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

NORTH AUGUSTA, SC 29841

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Instr. 3)

(Month/Day/Year) Execution Date, if (Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

Transaction(s)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership

(Instr. 4) (Instr. 4)

(A) or

(Instr. 3 and 4) Code V Amount (D) Price

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)

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

1. Title of Derivative Conversion Security or Exercise (Instr. 3) Price of

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year)

5. Number of 4 TransactionDerivative Code Securities (Instr. 8) Acquired (A) or

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

Edgar Filing: Stolarski Anthony Michael - Form 4

	Derivative Security				Disposed of (Instr. 3, 4, and					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Class O Warrants	\$ 0.11	12/11/2017	A		200,000		<u>(1)</u>	03/17/2019	Common Stock, \$0.001 par value	200,0
Class N Warrants	\$ 0.11	11/03/2017	A		3,000,000		(2)	03/17/2019	Common Stock, \$0.001 par value	3,000,
Class N Warrants	\$ 0.11	01/10/2018	A		1,545,455		<u>(2)</u>	03/17/2019	Common Stock, \$0.001 par value	1,545,

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Stolarski Anthony Michael 99 W. ARLINGTON HEIGHTS NORTH AUGUSTA, SC 29841

Signatures

/s/A. Michael Stolarski 01/19/2018

**Signature of Date
Reporting Person

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).
- (1) This warrant is exercisable at date of issuance, December 11, 2017.
- (2) These options were issued to Premier Shockwave, Inc. which is wholly owned by Anthony Michael Stolarski. The warrants are exercisable at date of issuance.

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