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

AMERICAN SHARED HOSPITAL SERVICES Form 4 June 29, 2012 FORM 4 OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading AMERICAN SHARED HOSPITAL Issuer Symbol **SERVICES** AMERICAN SHARED HOSPITAL (Check all applicable) SERVICES [AMS] X\_\_\_10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_ Director X\_Officer (give title \_Other (specify (Month/Day/Year) below) below) FOUR EMBARCADERO 06/28/2012 CHAIRMAN AND CEO **CENTER, SUITE 3700** (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 FRANCISCO, CA 94111-4107 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership of Indirect (Instr. 3) anv Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial Direct (D) Owned Ownership (Month/Day/Year) (Instr. 8) or Indirect Following (Instr. 4) Reported  $(\mathbf{I})$ (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V (D) Price Amount COMMON 401(K) S 06/28/2012 I 5,174.37 A 5,174.37 Ι STOCK 3.1294 **PLAN** 

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.

 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;		Amou Under Securi	tele and unt of vrlying rities :. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

10% Owner

Relationships

Other

Officer

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AMERICAN SHARED HOSPITAL SERVICES FOUR EMBARCADERO CENTER SUITE 3700 SAN FRANCISCO, CA 94111-4107	X	Х	CHAIRMAN AND CEO				
Signatures							
ERIC OHWA ON BEHALF OF ERNEST A BATES, MD	06/29/2012						
**Signature of Reporting Person		Da	te				

## **Explanation of Responses:**

**Reporting Owner Name / Address** 

\* 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).

Director

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.