#### Edgar Filing: CHOICEONE FINANCIAL SERVICES INC - Form 4

#### CHOICEONE FINANCIAL SERVICES INC

Form 4

February 23, 2015

### FORM 4

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction

30(h) of the Investment Company Act of 1940

0.5

1(b).

(Print or Type Responses)

1. Name and Ad BOSSERD J	^	orting Person *	2. Issuer Name and Ticker or Trading Symbol CHOICEONE FINANCIAL	5. Relationship of Reporting Person(s) to Issuer		
	CHOICEONE FINANCIAL SERVICES INC [NONE]			(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X Director 10% OwnerX Officer (give title Other (specify below)		
109 EAST DIVISION STREET			02/19/2015	President and C.E.O.		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
SPARTA, MI 49345			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired. Disposed of, or Beneficially Owner		

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y 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. Securit or(A) or Dis (Instr. 3, 4)	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/19/2015		M	1,000	A	\$ 18.85	11,184.3198 (1)	D	
Common Stock	02/19/2015		F	797.04	D	\$ 23.65	10,387.2798	D	
Common Stock	02/19/2015		P	200	A	\$ 23.65	7,556	I	IRA (2)
Common Stock							273.9757 (3)	I	401(k) Plan

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

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SEC 1474 (9-02)

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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)	ransaction of ode Derivative		Expiration Date e (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 18.85	02/19/2015		M		625	01/18/2006	01/17/2016	Common	625
Stock Option (Right to Buy)	\$ 18.85	02/19/2015		M		375	01/18/2007	01/17/2016	Common	375

## **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
r	Director	10% Owner	Officer	Other			
BOSSERD JAMES A 109 EAST DIVISION STREET	X		President and C.E.O.				
SPARTA. MI 49345	Λ		r resident and C.E.O.				

# **Signatures**

/s/ James A. Bosserd	02/19/2015			
**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).

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- (1) Column 5 reflects the acquisition of 79.1139 shares under the ChoiceOne Financial Services, Inc. Employee Stock Purchase Plan, and 66.1976 shares from the reinvestment of cash dividends.
- (2) Shares are held in a self-directed IRA account.
- (3) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2014.

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.