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

CHOICEON Form 4 April 19, 201	E FINANCIAL	SERVIC	ES INC								
FORM	ГЛ	STATES	S SECURITIES AND EXCHANGE COMMISS Washington D C 20549						-	PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed pur inue. Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(h) of the Investment Company Act of 1940									
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> POTES KELLY			2. Issuer Name and Ticker or Trading Symbol CHOICEONE FINANCIAL SERVICES INC [NONE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 109 EAST DIVISION STREET			3. Date of Earliest Transaction (Month/Day/Year) 04/15/2016					X Director 10% Owner X Officer (give title Other (specify below) below) President			
SPARTA, M	4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Ac	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code (D)				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature Form: Direct Indirect (D) or Beneficia Indirect (I) Ownershi (Instr. 4) (Instr. 4)			
Common stock	04/15/2016			Code V A	Amount 600	(D) A	Price \$ 0	(Instr. 3 and 4) 14,618.7315 (1) (2)	D		
Common stock	04/15/2016			F	73.8	D	\$ 23.7	<u>14,544.9315</u> ( <u>3)</u>	D		
Common stock								 490.66 ( <u>4)</u>	I	401(k) Plan	

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

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#### 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
POTES KELLY 109 EAST DIVISION STREET SPARTA, MI 49345	Х		President				
Signatures							
/s/ Thomas L. Lampen, by Power Attorney	of	04/19/2016					
**Signature of Reporting Person			Date				
<b>–</b> 1 11 ( <b>–</b>							

## **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) Reports the grant of the contingent right to receive shares of common stock vesting in equal installments over a three-year vesting period.
- (2) Column 5 reflects the acquisition of 65.6513 shares under the ChoiceOne Financial Services, Inc. Employee Stock Purchase Plan, and 75.9440 shares from the reinvestment of cash dividends.
- (3) Shares forfeited upon conversion of stock units granted on August 1, 2015 to common stock.
- (4) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 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.