Edgar Filing: Corporate Resource Services, Inc. - Form 4

Corporate Resource Services, Inc. Form 4 January 09, 2015

January 09, 2	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	PROVAL 3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Cassera Joseph			2. Issuer Name and Ticker or Trading Symbol Corporate Resource Services, Inc.					5. Relationship of Reporting Person(s) to Issuer				
			[CRRS]					(Check all applicable)				
(N			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014					X_ Director 10% Owner Officer (give titleOther (specify below) below)				
					endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	K, NY 10038							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	ecuriti	ies Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any		3. Transactio Code (Instr. 8)	4. Securitio on(A) or Disp (Instr. 3, 4) Amount	posed o	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	12/31/2014			J <u>(1)</u>	500,000	D	\$ 1.74	300	D			

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)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amor Unde Secur	le and unt of rlying ities . 3 and 4)	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		

Other

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Reporting Owners

Reporting Owner Name / Address		Relationships						
Reporting o wher runne	/ 11uui 055	Director	10% Owner	Officer	(
Cassera Joseph 160 BROADWAY, 13T NEW YORK, NY 1003		Х						
Signatures								
/s/ Joseph Cassera	01/09/2	2015						
<u>**</u> 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).

(1) Shares of common stock of the Company returned to Tri-State Employment Services, Inc. ("Tri-State")

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.