Edgar Filing: AMERICAN SHARED HOSPITAL SERVICES - Form 4

AMERICAN SHARED HOSPITAL SERVICES

Form 4

1. Title of

December 12, 2005

December							OMP A	DDDOVAL	
FORM	Л4 _{UNITED}	STATES SEC	URITIES AN	ND EXC	HANGE	COMMISSION		PPROVAL	
CI La			Washington, D.C. 20549				Number:	3235-0287	
Check the character of	nger		NGEG IN D		(TAT 01		Expires:	January 31, 2005	
subject	to STATEN	MENT OF CHA			IAL O	WNERSHIP OF	Estimated	average	
Section Form 4			SECURITIES				burden hours per response 0.4		
Form 5 obligation may con See Inst 1(b).	on								
(Print or Type	Responses)								
AMERICA	Address of Reporting	SPITAL Symbo	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
SERVICES	S		RICAN SHA VICES [AMS		SPITAI	(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify			
	BARCADERO SUITE 3700	06/16	5/2005			below)	below)		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Month/Day/Year)			Applicable Line) _X_ Form filed by	One Reporting P More than One R		
SAN FRAI	NCISCO, CA 941	11-4107				Person	Wore than One K	cporting	
(City)	(State)	(Zip) T	able I - Non-De	erivative Se	curities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of	2. Transaction Date			Securities	\		6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if		Acquired (A Disposed of			Form: Direct (D) or Indirect	Indirect Beneficial	
		(Month/Day/Year		Instr. 3, 4 aı	nd 5)	Owned	(I) (Instr. 4)	Ownership (Instr. 4)	
				(<i>F</i>		Transaction(s)			
			Code V A	Amount (I) Price	(Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each class of s	ecurities benefic	cially owned	directly of	or indirectly.			
	Persons who respond to the colle information contained in this form required to respond unless the form displays a currently valid OMB conumber.							SEC 1474 (9-02)	
	Tab		ecurities Acqui			Beneficially Owner	i		

(e.g., puts, calls, warrants, options, convertible securities)

Conversion (Month/Day/Year) Execution Date, if Transaction Derivative Expiration Date

5. Number

3. Transaction Date 3A. Deemed

7. Title and Amount of

Underlying Securities

6. Date Exercisable and

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
OPTION	\$ 6.16	06/16/2005		A	4,000		<u>(1)</u>	06/15/2015	COMMON SHARE	4,000

Reporting Owners

Relationships

Reporting Owner Name / Address

Director 10% Owner Officer Other

AMERICAN SHARED HOSPITAL SERVICES FOUR EMBARCADERO CENTER SUITE 3700 SAN FRANCISCO, CA 94111-4107

X

Signatures

STANLEY S TROTMAN 12/12/2005

**Signature of Reporting 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) OPTIONS VEST 20% PER YEAR OVER 5 YEARS BEGINNING 6/16/2006

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.

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