Edgar Filing: KOSS CORP - Form 4

VOGG CODD

| Form 4 | | | | | | | | | | | | |
|--|---|---------------------------|---------------------------------|--|--|------------------------|--|--|--|------------------------|--|--|
| November 05 | 4 UNITED | STATES | | ITIES Al hington, | | | NGE (| COMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATEN 5. Filed pur ^s Section 17(| suant to S a) of the l | F CHAN | GES IN I SECUR | BENEFI ITIES e Securiti ing Com | CIA ies Ez ipany | xchang Act of | NERSHIP OF ge Act of 1934, f 1935 or Section 40 | Expires: January 3 Expires: 200 Estimated average burden hours per response 0. | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| Nixon Theodore Symbol | | | Name and | Ticker or ' | Tradin | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | | | ORP [KO | - | | | (Check all applicable) | | | | |
| (Last) 100 SOUTH | (First) (1 SPRING STRE | Middle) ET | 3. Date of (Month/Da 11/05/20 | - | ansaction | | | X Director Officer (give below) | | • Owner er (specify | | |
| | (Street) | | | ndment, Dat th/Day/Year) | - | | | 6. Individual or Jo Applicable Line) _X_ Form filed by 0 | One Reporting Pe | erson | | |
| LOUISVILL | E, KY 40206 | | | | | | | Form filed by M Person | Iore than One Re | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Acc | quired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) | | 4 and (A) | d of | Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 11/05/2014 | | | Code V P | Amount 8,000 | or (D) A | Price \$ 1.35 | (Instr. 3 and 4) 20,000 | 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)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transact | 5. ionNuml | ber | 6. Date Exer Expiration D | | 7. Tit Amou | le and unt of | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|-------------------------|---|-------------------------|--------------------|------------------|--------|------------------------------|--------------------|----------------|--|------------------------|-----------------|
| Security (Instr. 3) | or Exercise Price of | | any (Month/Day/Year) | Code (Instr. 8) | of Deriv | vative | (Month/Day/ e | Year) | Under | rlying ities | Security (Instr. 5) | Secur Bene |
| | Derivative | | | | Secur | | | | (Instr | . 3 and 4) | | Owne |
| | Security | | | | Acqu (A) o | | | | | | | Follo Repo |
| | | | | | Dispo of (D | | | | | | | Trans (Instr |
| | | | | | (Instr 4, and | : 3, | | | | | | (msu |
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|---|----------|---------------|---------|-------|--|--|--|
| Reporting O when Mane / Mareis | Director | 10% Owner | Officer | Other | | | |
| Nixon Theodore 100 SOUTH SPRING STREET LOUISVILLE, KY 40206 | X | | | | | | |
| Signatures | | | | | | | |
| Theodore Nixon 11/ | /05/2014 | | | | | | |
| **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).

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.