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AMERICAN SHARED HOSPITAL SERVICES

Form 4

August 11, 2005

FORM 4

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

OMB Number:

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response...

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

Form 5 obligations may continue. See Instruction

Check this box

if no longer

Section 16.

Form 4 or

subject to

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 Responses)

| 1. Name and Ad AMERICAN | • | _ | Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | |
|--|-----------|------------|--|--|--|--|
| SERVICES | | | AMERICAN SHARED HOSPITAL SERVICES [AMS] | (Check all applicable) | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | Director 10% Owner X Officer (give title Other (specify | | |
| FOUR EMBARCADERO CENTER, SUITE 3700 (Street) | | | 08/10/2005 | below) below) CHIEF FINANCIAL OFFICER | | |
| | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| SAN FRANC | CISCO, CA | 94111-4107 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zin) | | | | |

| | | | 1 013011 |
|--------|---------|-------|--|
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |

| 1.Title of | 2. Transaction Date | | 3. | 4. Securities Acquired | 5. Amount of | 6. | 7. Nature of |
|-----------------|---------------------|--------------------|------------|--------------------------|------------------|-------------|--------------|
| Security | (Month/Day/Year) | Execution Date, if | | or(A) or Disposed of (D) | Securities | Ownership | Indirect |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and 5) | Beneficially | Form: | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | Owned | Direct (D) | Ownership |
| | | | | | Following | or Indirect | (Instr. 4) |
| | | | | (A) | Reported | (I) | |
| | | | | or | Transaction(s) | (Instr. 4) | |
| | | | Code V | Amount (D) Price | (Instr. 3 and 4) | | |
| COMMON SHARE | 08/10/2005 | | C | 90,000 A \$ 1.625 | 118,100 | D | |
| COMMON SHARE | 08/10/2005 | | F | 54,468 D \$ 5.882 | 63,632 | D | |

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

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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) | 5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exerci Expiration Da (Month/Day/Y | te | Underlying Sec | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|--|--|---|--------------------|----------------|---|--|
| | | | | | | Date Exercisable | Expiration Date | Title | Amour or Number | |

Code V (A)

 \mathbf{C}

(D)

Reporting Owners

\$ 1.625

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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

08/10/2005

CHIEF FINANCIAL OFFICER

90,000 08/15/1995 08/14/2005

of Shar

90,00

COMMON

SHARE

Signatures

CRAIG K

OPTION

TAGAWA 08/11/2005

**Signature of Date
Reporting Person

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.

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