Alliance HealthCare Services, Inc Form 4 March 25, 2016

FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16. Form 4 or

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

2005 Estimated average burden hours per response... 0.5

Expires:

OMB APPROVAL

3235-0287

January 31,

Form 5 obligations may continue. See Instruction

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 Address of Reporting Person * SPURLOCK GREGORY E.	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
	Alliance HealthCare Services, Inc [AIQ]	(Check all applicable)			
(Last) (First) (Middle) C/O ALLIANCE HEALTHCARE SERVICES, INC., 100 BAYVIEW CIRCLE, SUITE 400	3. Date of Earliest Transaction (Month/Day/Year) 03/23/2016	Director 10% Owner Negative title Other (specify below) President, Alliance Oncology			
(Street) NEWPORT BEACH, CA 92660	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(6:)					

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(City)	(State)	(Zip) Tab	ole I - Non-	Derivative :	Securi	ities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securiti onAcquired (Disposed ((Instr. 3, 4	(A) or of (D) and 5		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)

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)

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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. Transacti Code (Instr. 8)	5. Number on f Derivati Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	\$ 6.93	03/23/2016		A	9,986	<u>(1)</u>	03/23/2026	Common Stock	9,986	
Restricted Stock Units	(2)	03/23/2016		A	6,021	(2)	(2)	Common Stock	6,021	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SPURLOCK GREGORY E. C/O ALLIANCE HEALTHCARE SERVICES, INC. 100 BAYVIEW CIRCLE, SUITE 400 NEWPORT BEACH, CA 92660

President, Alliance Oncology

Signatures

/s/ Christina Buresh, Attorney-in-Fact for Gregory E.
Spurlock 03/25/2016

**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).
- Vests in three substantially equal installments on each of March 23, 2017, 2018 and 2019, subject to continued service through each

 (1) applicable vesting date. The vesting of the award was also subject to timely execution by the Reporting Person of an amendment to the severance agreement between the Issuer and the Reporting Person (the "Vesting Condition"), which has been met.
- Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The restricted stock units vest in (2) three substantially equal installments on each of March 23, 2017, 2018 and 2019, subject to continued service through each applicable vesting date. The vesting of the award was also subject to the Vesting Condition, which has been met.

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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