Edgar Filing: JOBSON CHARLES E - Form 4

JOBSON CHARLES	Е						
Form 4 June 20, 2011							
					OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287	
Check this box if no longer white to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH				EDSHID OF	Expires:	January 31, 2005	
subject to Section 16. Form 4 or	IATEMIENT OF C		SECURITIES			verage rs per 0.5	
Form 5 F	iled pursuant to Sec	tion 16(a) of the Secur	rities Exchange	Act of 1934,	response	0.5	
obligations may continue. See InstructionSection 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 R DELTA PARTNERS	. Issuer Name and Ticker om bol	5. Relationship of Reporting Person(s) to Issuer					
		ATURES SUNSHINE RODUCTS INC [NAT	(Check all applicable)				
(Last) (First)				DirectorX10% Owner Officer (give title Other (specify			
ONE INTERNATION PLACE, SUITE 2401	NAL 06	Month/Day/Year)onter (give timeonter (specify below)5/16/2011below)					
(Street)	f Amendment, Date Original 6. Individual or . ed(Month/Day/Year) Applicable Line)			oint/Group Filing(Check			
BOSTON, MA 02110 BOSTON, MA 02110 Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State)	(Zip)	Table I - Non-Derivativ	e Securities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		e, if Transactionor Dispo Code (Instr. 3,		 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Natures		Code V Amoun	or t (D) Price	(Instr. 3 and 4)	(Instr. 4)		
Sunshine Products Inc	11	S 26,060	D \$ 15.0112	1,599,974	I <u>(1)</u>	Footnote (1)	

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.

Edgar Filing: JOBSON CHARLES E - Form 4

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	lress	Relationships					
	Director	10% Owner	Officer	Other			
DELTA PARTNERS LLC ONE INTERNATIONAL PI SUITE 2401 BOSTON, MA 02110	LACE	Х					
JOBSON CHARLES E ONE INTERNATIONAL PI SUITE 2401 BOSTON, MA 02110	LACE	Х					
Signatures							
Charles Jobson	06/20/2011						
**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).

Reporting person, Delta Partners, LLC, is the investment manager for three private investment funds and is deemed to have beneficial ownership. The three entities are the actual owners of the issuer. Charles Jobson is the sole managing member of Delta Partners, LLC and

(1) can be deemed to have investment discretion. Both reporting persons disclaim beneficial ownership of the shares reported herein except to the extent of their pecuniary interest. This transaction was executed in the normal course of business. Share price is the average price for the day.

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.