CUI Global, Form 4 September 02											
FORM			ECUD						т	PPROVAL	
Washington, D.C. 20549						OMB Number:	3235-0287				
Check this box if no longer									Expires:	January 31, 2005	
STATEMENT OF CHANGES IN BENEFICIAL OWN Section 16. SECURITIES					NERSHIP OF		Estimated average burden hours per				
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	response 0.5			
obligation	ns Section 17								m		
	Section 17(a) of the Public Utility Holding Company Act of 1935 or Section See Instruction 30(h) of the Investment Company Act of 1940										
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *2. IssueWhite Paul DwayneSymbol				Issuer Name and Ticker or Trading nbol				5. Relationship of Reporting Person(s) to Issuer			
-			CUI Global, Inc. [CUI]					(Check all applicable)			
(Last)	(First) (Middle) 3.	3. Date of Earliest Transaction					-)			
			(Month/Day/Year) 08/31/2014			_X_ Director 10% Owner Officer (give title Other (specify below) below)					
AVENUE								Delow)	below)		
			If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
_X				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting							
TUALATIN	I, OR 97062							Person	viore man one ra	porting	
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	•) Execution I any)	SecuritiesFBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
						(A)		Following Reported Transaction(s)	(Instr. 4)	(Instr. 4)	
G				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	08/31/2014			А	7,500	А	<u>(1)</u>	7,500	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 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. Transactie Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 2 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common stock purchase option	\$ 8.15	08/31/2014		А	7,500 (2)	08/31/2015	08/31/2025	Common Stock	7,500	

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
1	Director	10% Owner	Officer	Other				
White Paul Dwayne CUI GLOBAL, INC. 20050 SW 112 AVENUE TUALATIN, OR 97062	Х							
Signatures								
/Paul D. White/	09/02/2014							
<u>**</u> Signature of	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).
- This newly appointed director was awarded a signing bonus in the form of seven thousand five hundred (7,500) shares of restricted
 (1) common stock granted 2,500 shares August 31, 2014, thereafter, in two annual installments of 2,500 shares at January 1, 2015 and January 1, 2016.
- (2) An option to purchase 7,500 shares of common stock at a price of \$8.15 per share was awarded to this newly appointed director.

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.

Reporting Person