Edgar Filing: VASOMEDICAL, INC - Form 4

VASOMED Form 4	ICAL, INC										
July 06, 201	6										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITEL) STATES	ES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549						OMB Number:	3235-0287	
Check th if no long	oer								Expires:	January 31, 2005	
subject to Section 1 Form 4 c	or SIAIE	GES IN BENEFICIAL OWN SECURITIES					Estimated a burden hour response	verage			
obligatio may cont	Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940								1		
(Print or Type]	Responses)										
1. Name and A LIEBERMA	2. Issuer Name and Ticker or Trading Symbol VASOMEDICAL, INC [VASO]					5. Relationship of Reporting Person(s) to Issuer					
				Earliest Tra	_			(Check all applicable)			
C/O VASO	MEDICAL, ING CIAL STREET,	C., 137	(Month/D 07/05/2	ay/Year)				X Director Officer (give t below)		Owner er (specify	
	(Street)		ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WESTBUR	Y, NY 11803							Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	ned n Date, if Day/Year)	Code (Instr. 8)	4. Securitie n(A) or Disp (Instr. 3, 4 a	osed of and 5) (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock				Code V	Amount	(D)	Price	1,449,200 <u>(1)</u>	D		
Common Stock	07/05/2016			А	150,000	А	<u>(2)</u>	1,599,200	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.

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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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

LIEBERMAN DAVID H C/O VASOMEDICAL, INC. 137 COMMERCIAL STREET, SUITE 200 WESTBURY, NY 11803

Signatures

David H. Lieberman

07/05/2016

<u>**</u>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).

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- (1) Includes 624,200 shares issued upon conversion of Series E Convertible Preferred Stock.
- (2) Restricted shares of which 50,000 vest immediately with the remaining shares contingently vesting as follows: 50,000 on July 5, 2017 and 50,000 on July 5, 2018.

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.