## Edgar Filing: BIOLASE, INC - Form 4

BIOLASE, I	NC											
Form 4												
September 2:	5, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi	s box		vv as.	mington,	D.C. 20:	549				January 31,		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWNERS				NERSHIP OF	Expires:	2005		
	Subject to				SECURITIES					Estimated average		
Form 4 or		SECONTIES							burden hours per response 0.5			
Form 5	Filed pur	suant to S	ection 16	b(a) of the	e Securiti	ies Ez	xchang	ge Act of 1934,				
obligation may cont		a) of the F	Public Uti	ility Hold	ing Com	ipany	Act o	of 1935 or Section	n			
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type F	Responses)											
с эт эт	1											
1. Name and Address of Reporting Person <u>*</u> 2. Issuer Name and T					Ficker or Trading5. Relationship of Reporting Person(s) to							
DREVER DAVID C				ymbol				Issuer				
			BIOLAS	SE, INC []	BIOL]			(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of	Earliest Tra	insaction			(Che)	ek all appliedor	()		
				Month/Day/Year)				Director		6 Owner		
C/O 4 CROMWELL			09/24/2015					X_ Officer (give title Other (specify below) below)				
								SVP / Ch	nief Financial O	fficer		
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				(Month/Day/Year)				Applicable Line)				
	00(10							_X_ Form filed by Form filed by 1	One Reporting Po More than One Ro			
IRVINE, CA	A 92618							Person		-r8		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Deer	emed 3. 4. Securities					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	on Date, if TransactionAcquired (A) or					Securities	Form: Direct				
(Instr. 3)		any (Month/I	Day/Vear)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				· ·	D) or Indirect (I)	Beneficial Ownership		
		(wonul/Day/Teal)			(1130. 3,	- and	5)	Following		(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insure und 1)				
Common Stock	09/24/2015			Р	5,000	А	\$ 1 2	20,000	D			
STOCK							1.2					

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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director 10% Owner		Officer	Other					
DREYER DAVID C									
C/O 4 CROMWELL			SVP / Chief Financial Officer						
IRVINE, CA 92618									
Signatures									
/s/ Michael C. Carroll, attorney Dreyer	09/25/2015								
**Signature of Report	ing Person		Date						
Evenlaw attack of Da									

## **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.