Slawson Todd Christoper Form 3 March 20, 2018 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Slawson Todd Christoper				2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol IMAGE SENSING SYSTEMS INC [isns]				
(Last	t)	(First)	(Middle)	03/13/2018	03/13/2018 4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
1600 UNIVERSITY AVE W., #500			VE W.,		(Cł	(Check all applicable)				
ST. PA	(Street) PAUL, MN 55104			X Off	Director 10% Owner X_Officer Other (give title below) (specify below) Interim CFO			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City	7)	(State)	(Zip)	Tabl	le I - Non-Deri	vativ	e Securiti	es Be	neficially Owned	
1.Title o (Instr. 4)		у			nount of Securities ficially Owned :. 4)	(]] ((3. Dwnership Form: Direct (D) or Indirect I) Instr. 5)	4. Nat Owne (Instr.	1	
Comm	on Stoo	ck		4,40	0		D	Â		
	-	t on a sepa indirectly		ach class of securities	beneficially	SE	C 1473 (7-02	.)		
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Derivative Security	Security: Direct (D)	

January 31,

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Slawson Todd Christoper 1600 UNIVERSITY AVE W., #50 ST. PAUL, MN 55104	00 Â	Â	Interim CFO	Â				
Signatures								
/s/Todd C. 03/20/2 Slawson 03/20/2	2018							
**Signature of Date Reporting Person	e							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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.