### Edgar Filing: CHOICEONE FINANCIAL SERVICES INC - Form 4

#### CHOICEONE FINANCIAL SERVICES INC

Form 4

Common

Stock (1)
Common

Stock

Stock

Common

11/19/2015

11/19/2015

November 20, 2015

November 20,	2015										
FORM	4										
Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continu	SECURITIES AND EXCHANGE COM Washington, D.C. 20549  F CHANGES IN BENEFICIAL OWNER SECURITIES  Section 16(a) of the Securities Exchange Act Public Utility Holding Company Act of 1933 of the Investment Company Act of 1940				NERSHIP OF  e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response					
See Instruction 1(b).	ion	30(II)	or the r	nvesumen	n Company	ACI 01 194	.0				
(Print or Type Res	ponses)										
1. Name and Address of Reporting Person * Clark Sheila R			2. Issuer Name and Ticker or Trading Symbol CHOICEONE FINANCIAL SERVICES INC [(NONE)]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
			SERV	ICES INC	L [(NONE)	J					
(Last) (First) (Middle)  109 EAST DIVISION STREET			3. Date of Earliest Transaction (Month/Day/Year) 11/19/2015				Director 10% OwnerX Officer (give title Other (specify below)  Sr V.P ChoiceOne Bank (Sub)				
	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
SPARTA, MI	49345						Form filed by Moreon	ore than One Rep	porting		
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative S	ecurities Acq	uired, Disposed of,	or Beneficiall	y Owned		
	Transaction Date (onth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securities oner Disposed (Instr. 3, 4 a		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)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code V

M

F

Amount

553.9598 D

1,000

(D)

Price

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

(Instr. 3 and 4)

17,719.3427

5,058.031 (1) I

\$ 13.5 18,273.3025 D

401(k)

Plan

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number.

8. P Der Sec (Ins

2

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. Transactic Code (Instr. 8)	Deri Secu Acqu (A) o Disp of (I	vative crities uired or osed O) r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 13.5	11/19/2015		M		250	01/24/2008	01/23/2018	Common	250
Stock Option (Right to Buy)	\$ 13.5	11/19/2015		M		250	01/24/2009	01/23/2018	Common	250
Stock Option (Right to Buy)	\$ 13.5	11/19/2015		M		250	01/24/2010	01/23/2018	Common	250
Stock Option (Right to Buy)	\$ 13.5	11/19/2015		M		250	01/24/2011	01/23/2018	Common	250

# **Reporting Owners**

\*\*Signature of Reporting Person

Attorney

Reporting Owner Name / Address	Relationships						
reporting of their reality reality	Director	10% Owner	Officer	Other			
Clark Sheila R 109 EAST DIVISION STREET SPARTA, MI 49345			Sr V.P ChoiceOne Bank (Sub)				
Signatures							
/s/ Thomas L. Lampen, by Power	of	11/	20/2015				

Reporting Owners

Date

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## **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).
- (1) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2014.

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.