Edgar Filing: ZION OIL & GAS INC - Form 4

ZION OIL &	& GAS INC										
Form 4											
July 08, 201	4										
FORM	ЛД								OMB APPROVAL		
	UNITED	STATES					NGE CO	OMMISSION	OMB	3235-0287	
Check th	nis box		Wa	shington	n, D.C. 205	549			Number:		
if no lon	ger	AENT OI		NCES IN	IDENIEEI	CIAI		EDCUID OF	Expires:	January 31, 2005	
	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						EKSHIP OF	Estimated average			
Section 16. Form 4 or				SECU	NI I ILS				burden hours per response 0		
Form 5							response 0				
obligatio	ons Section 17(1935 or Section			
may con See Instr		30(h)	of the In	nvestmen	t Company	y Act	of 1940)			
1(b).											
	D										
(Print or Type	Responses)										
1 Name and	Address of Reporting	Person *	1 Lanu	n Nomo on	d Tielsen en '	Fradin	~	5 Relationship of F	Reporting Perso	n(s) to	
Commenter al commenter and								5. Relationship of Reporting Person(s) to Issuer			
			•	OIL & G	AS INC [Z	2N1					
(Last)	(First) (Middle)			-			(Check	all applicable)	1	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director10% Owner			
3504 LAKEBLUFF WAY			06/30/2014					Officer (give title Other (specify			
								below)	below)		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mc	onth/Day/Yea	ar)			Applicable Line) _X_ Form filed by Or	ne Reporting Per	son	
PLANO, T	X 75093							Form filed by Mo			
	11 10075							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative S	Securi	ties Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 3, 4 and 5)				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)							Securities	OwnershipIndirectForm:BeneficDirect (D)Ownership		
(Instr. 3)								Beneficially Owned		Beneficial Ownership	
		(wonth) De	ty/1Cal)	(1130.0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
~				Code V	Amount	(D)	Price	(Insu: 5 and 4)			
Common					22.0000		¢			Jointly	
Stock, Par Value	06/30/2014	07/07/20	14	Р	23.9006 (1)	А	\$ 2.0919	327.7075	Ι	with	
\$0.01					<u> </u>		2.0919			Spouse	
40101											

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)

1. Title of 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 2. 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Derivative Security or Exercise any Code of (Month/Day/Year) Underlying Security Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) (Instr. 3) Derivative (Instr. 3 and 4) Derivative Securities Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Scammahorn Gene 3504 LAKEBLUFF WAY PLANO, TX 75093	Х					
Signatures						
Brittany Martin AIF for Gene Scammahorn		07/08/2014				
**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).

The Reporting Person participates in the Issuer's Direct Stock Purchase Plan with an automatic monthly deduction of %50.00 from the

(1) Reporting Person's bank account. The purchase is made on the last trading day of each month as long as the Reporting Person is enrolled in the plan.

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.

9. Nt

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