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ID SYSTEM Form 4	1S INC									
August 24, 2	ПЛ								OMB AF	PROVAL
	UNITED	STATES					NGE C	OMMISSION	OMB Number:	3235-0287
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations 						e Act of 1934, 1935 or Section	Expires:January 3Expires:200Estimated averageburden hours perresponse0.			
(Print or Type	Responses)									
1. Name and A Ellis Norma	Address of Reporting an		Symbol	r Name and TEMS IN			ng	5. Relationship of Issuer		
(Last)	(First) (N	Middle)	3. Date of	f Earliest Tr	-	- 1		(Check	c all applicable)
C/O I.D. SY TICE BOU	YSTEMS, INC., 1 LEVARD		(Month/E 08/20/2	Day/Year) 015				Director X Officer (give below) Chief O		Owner er (specify er
WOODCLI	(Street) FF LAKE, NJ 07			endment, Da nth/Day/Year	-	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson
(City)	(State)	(Zip)	Tabl	le I - Non-D) erivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code	4. Securi	ties A ispose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect
Common Stock, par value \$0.01 per share	08/20/2015			Code V		(D) A	Price \$ 3.9	(Instr. 3 and 4) 82,200 (1)	D	
Common Stock, par value \$0.01 per share	08/20/2015			Р	1,700	A	\$ 3.91	83,900 <u>(1)</u>	D	
Common Stock, par	08/20/2015			Р	400	А	\$ 3.9099	84,300 <u>(1)</u>	D	

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value \$0.01 per share Common Stock, par value \$0.01 per share	r 08/20/20)15	Р	700	A \$3.	92 85,000 <u>(1)</u>	D		
Reminder: F	Report on a sep	parate line for each cla	ss of securities benef	Person inform require	ns who re nation con ed to resp ys a curre	or indirectly. spond to the collecti tained in this form a ond unless the form ently valid OMB contr	re not (9-	474 02)	
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. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans

				Amount
Code V (A)	Exercisable	Expiration Date	Title	or Number of Shares

Reporting Owners

Reporting Owner Name / Address			Relationships
	Director	10% Owner	Officer
Ellis Norman			
C/O I.D. SYSTEMS, INC.			Chief Onema
123 TICE BOULEVARD			Chief Opera
WOODCLIFF LAKE, NJ 07677			

Signatures

/s/ Norman Ellis	08/24/2015
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<u>**</u>Signature of Reporting Person

Date

Other

ating Officer

of (D)

(Instr. 3, 4, and 5) (Instr

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).

This number also includes (i) 30,000 restricted shares of common stock, par value \$0.01 per share ("Common Stock"), of I.D. Systems, Inc. (the "Company"), which vest as to 25% of such shares on each of the first, second, third and fourth anniversaries of June 11, 2015;

(1) Inc. (the Company), which vest as to 25% of such shares on each of the first, second, third and fourth anniversaries of june 11, 2013, provided that Norman Ellis (the "Reporting Person") is employed by the Company on each such date; and (ii) 50,000 restricted shares of Common Stock which vest on July 21, 2017; provided that the Reporting Person is employed by the Company on such date.

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.