Edgar Filing: CAS MEDICAL SYSTEMS INC - Form 4

CAS MEDIO Form 4 February 13,	CAL SYSTEMS I	NC									
FORN	4 UNITED S	STATES		RITIES A shington,			NGE	COMMISSION	-	APPROVAL 3235-0287	
if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. ^{ns} Filed pur ^{ns} Section 17(a)	STATEMENT OF CHANGES IN 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								January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type I	Responses)										
	Address of Reporting HOMAS M	Person <u>*</u>	Symbol	Name and EDICAL			-	5. Relationship o Issuer (Cher	f Reporting Pe ck all applicab		
	(First) (N IEDICAL SYSTE AST INDUSTRIA		3. Date of (Month/D 02/11/20	-	ansaction			X Director X Officer (giv below) Pre		% Owner her (specify	
BRANFOR	(Street) D, CT 06405			ndment, Da hth/Day/Year	-			6. Individual or J Applicable Line) _X_ Form filed by Form filed by 1	One Reporting	Person	
(City)		(Zip)	Tabl	e I - Non-D)erivative S	Securi	ties Ac	Person quired, Disposed o	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned	3.		ies Ac posed	quired of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/11/2015			Р	40,000	A	\$ 1.3	591,677	D		
Common Stock								32,500	I	Reporting Person has dispositive power over the securities, which are held in a	

									relativ IRA.	ve's	
Reminder: I	Report on a sep	parate line for each cla	ss of securities benef	Persor inform require	ns who re ation con ed to resp ys a curre	or indirectly. spond to the tained in the ond unless ently valid O	is form are the form	not	SEC 14 (9-0		
			ative Securities Acq puts, calls, warrants				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transactio Code (Instr. 8)	of		Date	Amou Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
Repo	orting Owner	Name / Address	D 10%		ionships						

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PATTON THOMAS M
C/O CAS MEDICAL SYSTEMS, INC.
44 EAST INDUSTRIAL ROAD
BRANFORD, CT 06405

Signatures

/s/Thomas M. Patton <u>**Signature of</u> Reporting Person 02/13/2015 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).

Director

Х

10% Owner

Officer

President & CEO

Other

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.