#### **MAVROMMATIS NED**

Form 4

February 01, 2019

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

1. Title of

Security

(Instr. 3)

(Print or Type Responses)

TICE BOULEVARD

1. Name and Address of Reporting Person \* **MAVROMMATIS NED** 

(First)

(Street)

C/O I.D. SYSTEMS, INC., 123

(Middle)

2. Issuer Name and Ticker or Trading Symbol

ID SYSTEMS INC [IDSY]

3. Date of Earliest Transaction

(Month/Day/Year) 01/30/2019

4. If Amendment, Date Original

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

WOODCLIFF LAKE, NJ 07677

(City) (State) (Zip)

(Month/Day/Year)

2. Transaction Date 2A. Deemed 3. 4. Securities Execution Date, if TransactionAcquired (A) or Code Disposed of (D)

(Month/Day/Year) (Instr. 8)

Securities Beneficially (Instr. 3, 4 and 5) Owned (A)

Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of

Issuer

below)

Director

Applicable Line)

X\_ Officer (give title

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Financial Officer

6. Ownership

Form: Direct

(T)

(Instr. 4)

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

below)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

burden hours per

### Edgar Filing: MAVROMMATIS NED - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Yea	r) (Instr. 8)	Acquired (A) of Disposed of (D) (Instr. 3, 4, and 5)	)			
			Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock options (right to buy)	\$ 6.08	01/30/2019	A	100,000	<u>(1)</u>	01/30/2029	Common Stock, par value \$0.01 per share	100,000

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MAVROMMATIS NED C/O I.D. SYSTEMS, INC. 123 TICE BOULEVARD WOODCLIFF LAKE, NJ 07677

Chief Financial Officer

### **Signatures**

By: /s/ Ned

Mavrommatis 02/01/2019

\*\*Signature of Reporting Date
Person

### **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).

On January 30, 2019 (the "Grant Date"), Ned Mavrommatis (the "Reporting Person") was granted options to purchase 100,000 shares of common stock, par value \$0.01 per share, under I.D. Systems, Inc.'s (the "Company") 2018 Incentive Plan in consideration of his services

(1) as an officer of the Company. These options vest in equal increments over a four-year period commencing on the Grant Date, such that 25% of the options will vest on the first, second, third and fourth anniversaries of the Grant Date, provided that the Reporting Person is employed by the Company on each 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.

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