Edgar Filing: CAS MEDICAL SYSTEMS INC - Form 4

Form 4	CAL SYSTEM	IS INC											
March 14, 2017										OMB APPROVAL			
FORM	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287				
Check thi if no long subject to Section 1	er STAT	EMENT O	GES IN I SECUR		CIAI	2 OW]	NERSHIP OF	Expires: Estimated a burden hou	rs per				
Form 4 orresponseForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionsee Instruction30(h) of the Investment Company Act of 1940								0.5					
(Print or Type R	Responses)												
BAIRD JEFFERY A Symbol				S MEDICAL SYSTEMS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				te of Earliest Transaction th/Day/Year) 0/2017				Director 10% Owner X Officer (give title Other (specify below) below) CFO					
	(Street) 4. If Amendment, E Filed(Month/Day/Yea				ay/Year) Applicable Line)				Joint/Group Filing(Check y One Reporting Person				
BRANFORI	D, CT 06405							Form filed by M Person	fore than One Re	eporting			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	emed on Date, if 'Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dis (D) (Instr. 3, 4)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	03/10/2017			А	33,945	А	\$0	214,734	D				

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 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. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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 (Instr
				Code N	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
BAIRD JEFFERY A C/O CAS MEDICA 44 EAST INDUSTR BRANFORD, CT 00			CFO					
Signatures								
/s/ Jeffery A. Baird	03/14/2017							
<u>**</u> 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).

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.