#### Edgar Filing: Poan Nicholas A - Form 4

Form 4											
January 03, 2 FORM	Δ							~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er <b>STATEM</b> 5.	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 20(b) of the Investment Company Act of 1940									
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a										
(Print or Type R	esponses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol Alliance HealthCare Services, Inc [AIQ]					5. Relationship of Reporting Person(s) to Issuer			
	(Check all applicable)										
(Last)         (First)         (Middle)         3. Date of           100 BAYVIEW CIRCLE, SUITE         12/31/20           400         12/31/20				-				Director      10% Owner        Officer (give title      Other (specify below)         below)       below)         Sr. V.P. Corp. Finance and CAO			
	(Street) 4. If Amen Filed(Mont				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEWPORT	BEACH, CA 926	60						Form filed by N Person			
(City)	(State) (	Zip)	Table	I - Non-De	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if . 3) any		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	12/31/2013			Code V F	Amount 3,668	(D) D	Price \$ 6.38	(Instr. 3 and 4) 11,332	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)

### **Reporting Owners**

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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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Poan Nicholas A 100 BAYVIEW CIRCLE, SUITE 400 NEWPORT BEACH, CA 92660			Sr. V.P. Corp. Finance and CAO				
Signatures							
Leigh Ann Clifford with Power of Attorney		01/03/2013					
**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.