Alliance HealthCare Services, Inc Form 4 February 04, 2014

February 04	, 2014									
FORM	Λ4	~							PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check the check	nger	X							January 31,	
subject Section Form 4	to SIATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						Expires: Estimated burden hou response.	urs per	
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17(a) of the l	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> JOHNS RICHARD W			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			Alliance [AIQ]	ce Health	Care Serv	rices, Inc	(Che	eck all applicabl	e)	
(Last)	(First) (A	Middle)		of Earliest T	ransaction		Director		% Owner	
100 BAYVIEW CIRCLE, SUITE 400			(Month/Day/Year) 01/31/2014				XOfficer (give titleOther (specify below) below) EVP, General Counsel & Sec.			
NEWDOD	(Street)			endment, D onth/Day/Yea	-	1	6. Individual or Applicable Line) _X_ Form filed by Form filed by		erson	
	Г BEACH, CA 92	660					Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.			
					inforn requii	nation cont red to respo iys a currei	pond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab				-	posed of, or convertible s	Beneficially Owner securities)	d		
1 Title of	2 3 Tra	nsaction Da	nte 3Α Γ	Deemed	4	5 Numb	er 6 Date Exerc	isable and	7 Title and Am	

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		` ·	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option	\$ 28.7	01/31/2014		А	4,656	<u>(1)</u>	01/31/2024	Common Stock	4,656	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JOHNS RICHARD W 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660			EVP, General Counsel & Sec.				
Signatures							
Leigh Ann Clifford, as attorney-in Johns	02/04/2014						
**Signature of Reporting	g 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).

(1) Vests with respect to one-third on each January 31, 2015; January 31, 2016 and January 31, 2017

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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