Alliance HealthCare Services, Inc Form 4 March 09, 2015

March 09, 20	15											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this if no longe	r	MENTO							Expires:	January 31, 2005		
subject to Section 16 Form 4 or		MENT U	GES IN BENEFICIAL OWNE SECURITIES				NEKSHIP OF	Estimated a burden hou response	average Irs per			
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940												
(Print or Type Ro	esponses)											
SAMEK EDWARD L Symbol			Symbol	Name <b>and</b>			-	5. Relationship of Reporting Person(s) to Issuer				
Allia [AIQ				HealthCa	tre Servi	ces, I	nc	(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/Da				Earliest Transaction av/Year)				_X_ Director 10% Owner Officer (give title Other (specify				
C/O ALLIANCE HEALTHCARE 12/31/2014 below) SERVICES, INC., 100 BAYVIEW CIRCLE, SUITE 400								below)				
	(Street) 4. If Amer Filed(Mon				e Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
								Fore than One Reporting				
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	12/31/2014			А	6,602 (1)	A	\$0	52,088 <u>(2)</u>	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)	or Exercise an		3A. Deemed Execution Date, if any (Month/Day/Year)	TransactionNumber Code of			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 V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Repo	Reporting	ng Owner Name / Address		Relationships							
				Director	10% Owne	er Officer	Other				
C/O ALL 100 BAY	VIEW CIR	L ALTHCARE SEF CLE, SUITE 400 , CA 92660	RVICES, INC.	X							

## Edgar Filing: Alliance HealthCare Services, Inc - Form 4

## Signatures

/s/ Kirk Hoffman, as attorney-in-fact for Edward L. 03/09/2015 Samek \*\*Signature of Reporting 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).
- Represents a grant of restricted stock units (RSUs) awarded on December 31, 2014 and scheduled to vest on the first anniversary of the (1) grant date.

Date

(2) Includes unvested RSUs.

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.