Alliance HealthCare Services, Inc Form 4 April 01, 2016

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* DIMICK NEIL F

2. Issuer Name and Ticker or Trading Symbol Alliance HealthCare Services, Inc 5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last)

(City)

Stock

(First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 04/01/2016

[AIQ]

X\_ Director 10% Owner Officer (give title Other (specify below)

C/O ALLIANCE HEALTHCARE SERVICES, INC., 100 BAYVIEW

CIRCLE, SUITE 400

(Street)

(State)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

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

NEWPORT BEACH, CA 92660

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Zip)

(Month/Day/Year)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

6. Ownership 7. Nature of Indirect Securities Form: Direct Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s) (Instr. 3 and 4) (D) Price Amount

Code V 1,112 57,012 Α (1) (1)

Common 04/01/2016 M Stock Common 04/01/2016

\$ 1,112 D D 18.5 55,900 (1) (1)

D

D

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

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SEC 1474 (9-02)

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

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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	(1)	04/01/2016		M		1,112 (1) (2)	04/01/2016	04/01/2016	Common Stock	1,112 (1) (2)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
roporting of the France of Frances	Director	10% Owner	Officer	Other		
DIMICK NEIL F C/O ALLIANCE HEALTHCARE SERVICES, INC. 100 BAYVIEW CIRCLE, SUITE 400 NEWPORT BEACH, CA 92660	X					

## **Signatures**

/s/ Christianna Rosow, Attorney-in-Fact for Neil F.
Dimick
04/01/2016

\*\*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).
- Represents Phantom Stock acquired under the Issuer's Directors' Deferred Compensation Plan (the "Plan") under which each share of

  (1) Phantom Stock represents the economic equivalent of one share of the Issuer's common stock. Pursuant to the Plan, in connection with the consummation of a change of control, the Phantom Stock was settled for cash on the transaction date reported herein.
- (2) Gives effect to a 1-for-5 reverse split of common stock of the Issuer effected on December 26, 2012.

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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