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

**OMB APPROVAL** 

Number:

3235-0287

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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

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

[AIQ]

(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

04/01/2016

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

C/O ALLIANCE HEALTHCARE SERVICES, INC., 100 BAYVIEW CIRCLE, SUITE 400

(Street)

(State)

(City)

Common

Stock

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

D

D

Reported

Transaction(s) (Instr. 3 and 4)

NEWPORT BEACH, CA 92660

1.Title of	2. Transaction Date	2A. Deemed
Security	(Month/Day/Year)	Execution Date, if
(Instr. 3)		any
		(Month/Day/Year)

(Zip)

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Securities Beneficially (D) or Owned Following (Instr. 4)

6. Ownership 7. Nature of Indirect Form: Direct Beneficial Indirect (I) Ownership (Instr. 4)

(A) Code V (D) Amount

Price

1,112 57,012 M Α (1)(1)

Common 04/01/2016 Stock

04/01/2016

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

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

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SEC 1474 (9-02)

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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)	Transaction Date 3A. Deemed 4. 5. Number  Execution Date, if any Code Securities  (Month/Day/Year) (Instr. 8) Acquired  (A) or  Disposed of  (D)  (Instr. 3, 4, and 5)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (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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