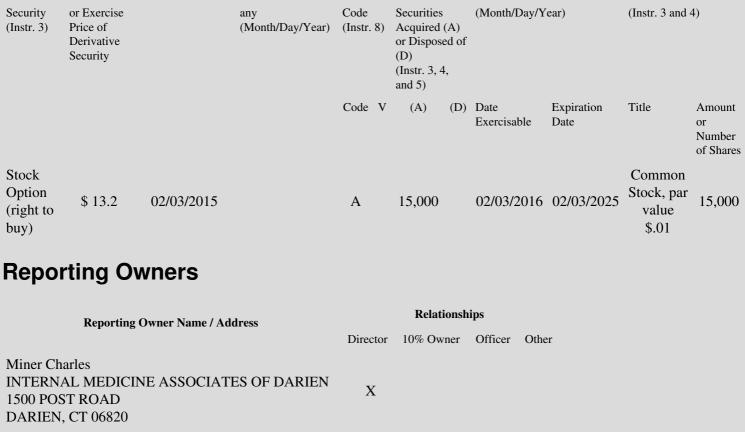
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| MISONIX | INC | | | | | | |
|--|---|---|---|--|---|---|---|
| Form 4 February 0 | 5 2015 | | | | | | |
| FOR | ЛЛ | ~~.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | OMB A | PPROVAL |
| CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | |
| Check if no lo subject Sectior | to SIAIE | MENT OF CI | OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | Expires: Estimated a | |
| Form 4 Form 5 obligat may co | or Filed put | (a) of the Publ | on 16(a) of th ic Utility Hol | ne Securities Exch | nange Act of 1934, ct of 1935 or Section 2 1940 | burden hor response | - |
| (Print or Type | e Responses) | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Miner Charles | | Syn | 2. Issuer Name and Ticker or Trading Symbol MISONIX INC [MSON] | | 5. Relationship of Reporting Person(s) to Issuer | | |
| (Last) | (First) (| | Date of Earliest T | | (Check | k all applicabl | e) |
| INTERNA | AL MEDICINE ATES OF DARIEN | (Mc 02/ | onth/Day/Year) 03/2015 | | X Director Officer (give below) | | % Owner ner (specify |
| (Street) | | | 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 | | |
| DARIEN, | CT 06820 | | | | Form filed by M Person | | |
| (City) | (State) | (Zip) | Table I - Non-I | Derivative Securities | Acquired, Disposed of | , or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date any | Code | 4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | Securities F Beneficially (I Owned (I Following (I Reported Transaction(s) (Instr. 3 and 4) | Ownership orm: Direct O) or Indirect) nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: R | eport on a separate line | e for each class o | f securities benef | ficially owned directly | y or indirectly. | | |
| | | | | information co required to res | espond to the collect ntained in this form a pond unless the form rently valid OMB con | are not n | SEC 1474 (9-02) |
| | Tab | | | uired, Disposed of, o , options, convertibl | or Beneficially Owned le securities) | | |
| 1. Title of Derivative | | saction Date 3A /Day/Year) Exc | | 4. 5. Numb TransactiorDerivation | | ble and | 7. Title and Amount of Underlying Securities |

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Signatures

| /s/ Charles | 02/05/2015 | | |
|--|------------|--|--|
| Miner | 02/03/2013 | | |
| <u>**</u> 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).

(1) Granted pursuant to Issuer's 2012 Non-Employee Director Stock Option Plan.

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.