Edgar Filing: O'Connor Daniel J. - Form 4

O'Connor Da	aniel J.											
Form 4	0											
May 02, 201	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
	UNITED	SIAILS		shington,			NGE C	OMINISSION	OMB Number:	3235-0287		
Check th	is box		v v a.	sinington,	D.C. 2 0.	7				January 31,		
if no longer subject to Section 16. Statement of CHAN				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: 200			
									Estimated average burden hours per			
	Form 4 or								response 0.			
Form 5 obligation	nc -						-	e Act of 1934,				
may cont				•	•	· ·		1935 or Section	1			
See Instru		30(h)	of the In	vestment	Compan	y Act	of 194	0				
1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person _2. IssueO'Connor Daniel J.Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			•	OSEC MEDICAL Inc [ONCS]								
(Last)	(First) (Middle)]	(Chec)	k all applicable)		
(Month/D 24 NORTH MAIN STREET 04/30/20 (Street) 4. If Amer			Date of Earliest Transaction onth/Day/Year) /30/2019				XDirector10% Owner					
							X_ Officer (give title Other (specify below) below) CEO and President					
			mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check					
							Applicable Line)					
PENNINGT	CON, NJ 08534-2	2218						_X_ Form filed by C Form filed by M Person				
(City)	(State)	(Zip)	Tabl	a I Non I)onivotivo (200	tion A am	uired, Disposed of	on Donoficial	le Ormad		
1.77.1.0		-					-			-		
1.Title of Security	2. Transaction Date (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	(1.101111,2 uj, 1 cu)			Code	(Instr. 3, 4	-		Beneficially	Form: Direct			
				(Instr. 8)					(D) or Indirect (I)	Ownership (Instr. 4)		
								Reported	(Instr. 4)	(111SUT. 4)		
						(A) or		Transaction(s)	. ,			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common					21,357		\$					
Stock	04/30/2019			F	(1) (1)	D	0.565 (1)	729,992	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)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	s	Relationships							
	Director	10% Owner	Officer	Other					
O'Connor Daniel J. 24 NORTH MAIN STREET PENNINGTON, NJ 08534-22	X 18		CEO and President						
Signatures									
/s/ Daniel J. O'Connor 0	5/02/2019								

<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).

In connection with the vesting of 62,500 RSUs on April 30, 2019, a total of 21,357 shares were sold in order to satisfy the reporting person's tax withholding obligations. The reporting person had no discretion with respect to such withholding, which was conducted automatically in accordance with the issuer's corporate policies.

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.