Edgar Filing: DATA I/O CORP - Form 4

| DATA I/O C | CORP | | | | | | | | | | |
|---|------------------------------------|----------------------|--|---|----------------------|----------------------------------|---|--|--|----------------------|--|
| Form 4 | | | | | | | | | | | |
| January 29, 2 | 2016 | | | | | | | | | | |
| FORM | 14 | | | | | | | | | PROVAL | |
| | UNITE | D STATES | | RITIES A shington | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 subject for 5 Filed pursuant to Section 16 | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, tility Holding Company Act of 1935 or Section | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | | |
| may cont <i>See</i> Instru 1(b). | inue. | | of the In | • | • | - · | | | 11 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| HATLEN JOEL S Symbol | | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (Last) (First) (Middle) 3. Date of | | | f Earliest Transaction | | | | (Check all applicable) | | | |
| | CORPORATIO E NE, SUITE 1 | | (Month/E 01/29/2 | - | | | | Director X Officer (give below) Vice | | Owner er (specify | |
| | | | nendment, Date Original fonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| REDMONE |), WA 98052 | | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non- | Derivativ | e Secui | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | | 3. Transact Code (Instr. 8) Code V | ion(A) or (Instr. | Dispose 3, 4 and (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 01/29/2016 | | | А | 1,014 | А | \$ 2.071 | 218,562 | 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)

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|----------|---------------|--------------------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| HATLEN JOEL S DATA I/O CORPORATION 6645 185TH AVE NE, SUITE 10 REDMOND, WA 98052 |)0 | | Vice President CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ Joel S. Hatlen 01/2 | 9/2016 | | | | | | | |
| ^{**} Signature of D Reporting Person | late | | | | | | | |

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).

Remarks:

hatlen form 4 1-29-16 espp purchase of 1014 shares at \$2.071 each

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.