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BOVIE ME	DICAL Corp											
Form 4												
August 17, 2	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITED	STATES					E CO	MMISSION	OMB	3235-0287		
Choole th	ia hay		Washir	ngton, D.	C. 20549				Number:			
	Check this box if no longer STATEMENT OF CHANCES IN DENEELOLAL OWNERSHIP OF							Expires:	January 31, 2005			
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					RSHIP OF	Estimated average						
Section	16.	SECURITIES						burden hours per				
Form 4 o									response 0			
Form 5 obligatio			Section 16(a				•					
may con				• •		•		935 or Section				
See Inst		30(h)	of the Inves	tment Co	mpany A	ct of	1940					
1(b).												
(Duint an Tama	D											
(Print or Type	Kesponses)											
1. Name and	Address of Reporting	Person *	2 Issuer Na	me and Tic	ker or Trad	lina	5.	Relationship of F	Reporting Perso	on(s) to		
Gershon Ro			Symbol	In a second state of the second				ssuer				
			BOVIE MI	FDICAL	Corn [BA	/ X 1						
/					1 -	[11]		(Check	all applicable))		
(Last)	(First) (I	Middle)	3. Date of Ear		action					-		
		(Month/Day/Year)					Director Officer (give ti		Owner r (specify			
	TTANVILLE		08/14-06:0	0/2015			be	low)	below)	speeny		
ROAD, SU	11E 100							Chief Ex	cecutive Office	er		
(Street)			4. If Amendment, Date Original				6.	6. Individual or Joint/Group Filing(Check				
							Applicable Line)					
							_>	K_Form filed by Or				
PURCHAS	E, NY 10577						Pe	Form filed by Mo erson	ore than One Rep	orung		
(City)	(State)	(Zip)	Tabla I .	Non-Deriv	vativa Sacu	ritios	Acquir	ed, Disposed of,	or Bonoficiall	v Owned		
1 77'41 0	2 T (-	· • ·		•		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Dee Executi	eemed 3. 4. Securities Acc tion Date, if Transactior(A) or Disposed				5. Amount of Securities	6. Ownership	7. Nature of Indirect			
(Instr. 3)	(Wohth Day Tear)	any	on Date, n	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially	*	Beneficial		
		•	/Day/Year)				,	Owned	Direct (D)	Ownership		
								Following	or Indirect	(Instr. 4)		
						(A)		Reported	(I) (I (1)			
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price	(msu: 5 and 4)				
Common	08/14-06:00/201	5 08/14-	06:00/2015	Р	20,000	А	\$	20,000	D			
Stock					.,		2.39					

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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Gershon Robert 4 MANHATTANVILLE SUITE 106 PURCHASE, NY 10577	ROAD			Chief Executive Officer					
Signatures									
/s/ Robert L. Gershon	08/17-0	06:00/2015							

<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).

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.