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CHOICEONE FINANCIAL SERVICES INC

Form 4 June 03, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

OMB APPROVAL

if no longer subject to Section 16.

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

burden hours per

response...

Form 4 or Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

Stock

Stock

Stock

Stock

Stock

Common

Common

Common

Common

06/01/2016

06/01/2016

(Print or Type Responses)

| 1. Name and Ad BOSSERD J | Symbol | • | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|-----------------------------|---------------------|--|----------------|-------------|------------------|---|--|----------------------------|----------------------|--|
| | | CHOICEONE FINANCIAL SERVICES INC [NONE] | | | | | (Check all applicable) | | | |
| (Last) | (First) (M | , | f Earliest Tra | Fransaction | | | X Director X Officer (given | | Owner er (specify | |
| 109 EAST D | | (Month/Day/Year) 06/01/2016 | | | | | below) below) Chief Executive Officer | | | |
| | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | Filed(Moi | nth/Day/Year) |) | | | Applicable Line) _X_ Form filed by | 1 0 | | |
| SPARTA, M | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (State) (Z | Zip) Tabl | e I - Non-D | erivative | Secur | ities Acc | quired, Disposed (| of, or Beneficial | lly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ities A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | on(A) or D | ispose | d of | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | Code | (D) | | | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, | 4 and | 5) | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (IIISU: +) | (IIIsu. +) | |
| Common | 06/01/2016 | | F F | 153.5 | D D | \$ | 13,905.279 | D | | |

F

F

122.8

184.2

D

(1)

(2)

13,782.479

13,598.279

 $8,056^{(4)}$

273.9761 (5)

D

D

23.7

23.7

23.7

1

IRA

401(k)

Plan

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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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 4 | 5. | 6. Date Exerc | cisable and | 7. Tit | le and | 8. Price of | |
|-------------|-------------|---------------------|--------------------|-----------|-------|------------|---------------|-------------|---------|----------|-------------|--|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transac | ction | Number | Expiration Da | ate | Amou | ınt of | Derivative | |
| Security | or Exercise | | any | Code | (| of | (Month/Day/ | Year) | Under | rlying | Security | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8 | 8) 1 | Derivative | • | | Secur | ities | (Instr. 5) | |
| | Derivative | | | | | Securities | | | (Instr. | 3 and 4) | | |
| | Security | | | | 1 | Acquired | | | | | | |
| | _ | | | | (| (A) or | | | | | | |
| | | | | |] | Disposed | | | | | | |
| | | | | | (| of (D) | | | | | | |
| | | | | | (| (Instr. 3, | | | | | | |
| | | | | | 4 | 4, and 5) | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | Amount | | |
| | | | | | | | Date | Expiration | m: d | or | | |
| | | | | | | | Exercisable | Date | Title | Number | | |
| | | | | G 1 | | (A) (B) | | | | of | | |
| | | | | Code | V (| (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships |
|--------------------------------|---------------|
| Reporting Owner Name / Address | |

Director 10% Owner Officer Other

BOSSERD JAMES A

109 EAST DIVISION STREET X Chief Executive Officer

SPARTA, MI 49345

Signatures

/s/ Thomas L. Lampen, by Power of Attorney 06/03/2016

**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).
- (1) Shares forfeited upon conversion of stock units granted on August 1, 2014 to common stock.
- (2) Shares forfeited upon conversion of stock units granted on April 15, 2015 to common stock.
- (3) Shares forfeited upon conversion of stock units granted on April 15, 2016 to common stock.
- (4) Shares are held in a self-directed IRA account.
- (5) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2015.

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.

Reporting Owners 2

ce of 9. Nu vative Deriv city Secur (5. 5) Bene Own

SEC 1474

(9-02)

Bene Own Follo Repo Trans (Instr