Edgar Filing: BOVIE MEDICAL Corp - Form 4

BOVIE MEDIC	AL Corp									
Form 4										
August 07, 2015	5									
FORM 4	1								PPROVA	L
	UNITED	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0	0287
Check this bo	X			0	Expires:	Januar	-			
if no longer subject to	STATEM	MENT OF	F CHAN	NGES IN	Estimated		2005			
Section 16.				SECUI	RITIES			burden hour		
Form 4 or								response	•	0.5
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type Resp	onses)									
1. Name and Addre	ess of Reporting	Person [*]	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Andres John C.			Symbol				Issuer			
			BOVIE	E MEDIC	AL Cor	p [BVX]	(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(em	en un applicadi	()	
			(Month/Day/Year)			_X_Director10% Owner				
4 MANHATTANVILLE ROAD,			07/16/2015			Officer (give title Other (specify below) below)				
SUITE 106										
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person				
PURCHASE, N	IX 10577							More than One R		
i okcinici, i	1 10577						Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	I
1.Title of 2. T	ransaction Date	2A. Deeme	ed	3.	4. Secur	ties	5. Amount of	6. Ownership	7. Nature	of
	onth/Day/Year)	Execution Date, i		-			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Da	v/Year)	Code (Instr. 8)	Dispose (Instr 3	1 of (D) 4 and 5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(infolial) Du	.y, 10ur)	(msu: o)	(111511-15)	r und 5)	Following	(Instr. 4)	(Instr. 4)	P
						(A)	Reported			
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	(
Reminder: Report of	on a separate line	e for each cla	ass of sec	urities bene	ficially ov	vned directly	or indirectly.			
					infor requ	mation cont ired to resp	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

Edgar Filing: BOVIE MEDICAL Corp - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (Option to Buy)	\$ 2.3 <u>(1)</u>	07/16/2015		А		12,500		07/16/2016 <u>(1)</u>	07/16/2025	Common Stock	12,500

Reporting Owners

Reporting Owner Name / Address		Relationships						
I B	Director	10% Owner	Officer	Other				
Andres John C. 4 MANHATTANVILLE RO PURCHASE, NY 10577	X							
Signatures								
/s/ John C. Andres	08/07/2015							

<u>**</u>Signature of Reporting Person **Explanation of Responses:**

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Reporting person was granted a stock option which shall vest ratably over a twelve (12) month period and shall become fully vested and (1) fully exercisable on the first anniversary of the date of grant.

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.