Edgar Filing: BOVIE MEDICAL CORP - Form 4

BOVIE MEI	DICAL CORP										
Form 4											
August 13, 2											
FORM	14 UNITED	STATES	SECU	DITIES /	ND FY	CHANCE	COMMISSIO	NT	PPROVAL		
	UNITED	SIAILS		shington				Number:	3235-0287		
Check th if no long	ger			Expires:	January 31 2005						
subject to Section 1 Form 4 c	S CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	average urs per	-			
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]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Lentricchia August			2. Issuer Name and Ticker or Trading Symbol			c	5. Relationship of Reporting Person(s) to Issuer				
			BOVIE MEDICAL CORP [bvx]			P[bvx]	(Check all applicable)				
(Last) (First) (Middle) 734 WALT WHITMAN ROAD			3. Date of Earliest Transaction (Month/Day/Year) 07/16/2013			X_ Director 10% Owner Officer (give title Other (specify below) below)					
	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 							
MELVILLE	E, NY 11746						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Rep	oort on a separate line	e for each cla	ass of sec	urities bene	ficially own	ned directly o	or indirectly.				
					Perso inform requir	ns who rest nation cont ed to respo ys a curren	pond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	le II - Deriv	ative Sec	curities Acq	uired, Dis	posed of, or	Beneficially Owne	d			

I - Derivative Securities Acquired, Disposed of, or Beneficiall (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	Transactio	Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

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	Derivative Security				or Dispose (D) (Instr. 3, 4 and 5)					
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock options	\$ 2.97	07/16/2013	А		10,000		07/16/2014(1)	07/16/2023	Common stock	10,000

Reporting Owners

Reporting Owner Name / Address		Relationships							
1 8	Director	10% Owner	Officer	Other					
Lentricchia August 734 WALT WHITMAN RC MELVILLE, NY 11746	DAD	Х							
Signatures									
s/ August									
Lentricchia	hia 08/13								
<u>**</u> Signature of Reporting Person	Da	ate							

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) Reporting person was granted a stock option to vest and be exercisable over 3 years at the rate of 33.33% of the option on the anniversary date of each succeeding year and shall become fully vested and fully exercisable on the third 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.