## Edgar Filing: BSD MEDICAL CORP - Form 4

BSD MEDIC	AL CORP											
Form 4												
May 02, 2013	5											
FORM	4 UNITEI	) STATES					IGE (	COMMISSION	OMB	PROVAL 3235-0287		
Check this	s box		Was	hington,	D.C. 205	49			Number:	January 31,		
if no longer STATEMENT OF CHANG				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005		
Subject to				SECURITIES					Estimated average burden hours per			
Form 4 or								response	•			
Form 5	Filed pu	ursuant to S	Section 10	6(a) of the	e Securitio	es Ex	chang	e Act of 1934,				
obligation may contin				•				f 1935 or Section	n			
See Instruction 1(b).		30(h)	of the Inv	vestment	Company	Y Act	of 194	40				
(Print or Type R	esponses)											
MCQUAY TIMOTY C Symbol			Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				MEDICAL CORP [bsdm]				(Check all applicable)				
6001 OAK CANYON         (Month/E           (Street)         4. If Ame				of Earliest Transaction				X Director	100	Owner		
			(Month/Day/Year) 05/01/2013					Officer (give titleOther (specify below) below)				
				Amendment, Date Original I(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
IRVING, CA 92620-4205								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		IND	• • • •	•,			° D ° ' '			
		-						uired, Disposed of				
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
					Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock	05/01/2013			А	27,273	А	\$ 1.1	75,243	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)	4. Transact Code (Instr. 8)	ionNumber H of (				7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Inst 4, an 7 (A)	d 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
MCQUAY TIMOTY C 6001 OAK CANYON IRVING, CA 92620-4205	Х								
Signatures									
Timothy C McQuay	05/02/2013								
<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.