Edgar Filing: AMS HEALTH SCIENCES INC - Form 4

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AMS HEAL	TH SCIENCES INC	, ,								
Form 4	0007									
August 21, 2								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB Number:	3235-0287		
Check th	is box	vva	snington	hington, D.C. 20549					January 31,	
if no lon subject to	IGES IN	ES IN BENEFICIAL OWNERSHIP OF					2005			
Section 16. SECURITIES						Estimated average burden hours per				
Form 4 o Form 5	-	nt to Continu 1	f(a) = f(a)		4: a a T	7	A at af 1024	response	0.5	
obligatio	ns Section 17(a) c	nt to Section 1 of the Public U				•	1935 or Section	n		
may con <i>See</i> Instr	unue.	30(h) of the I	•	•	-	•				
1(b).										
(Print or Type	Responses)									
1. Name and Address of Reporting Person 2. Issuer GRIZZLE JERRY Symbol				d Ticker of	[.] Tradi	0	5. Relationship of Reporting Person(s) to Issuer			
•			IEALTH SCIENCES INC			NC	(Check all applicable)			
		[AMM					(Check an applicable)			
(Last)	(First) (Midd	,	of Earliest T	ransaction			X Director		Owner r (specify	
(Month/E 711 NE 39TH STREET 08/17/2			n/Day/Year) /2007			XOfficer (give titleOther (specify below) below)				
(Street) 4. If Amer							President / CEO / Chairman			
			nendment, Date Original (onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			la Day (Cal)				_X_Form filed by One Reporting Person Form filed by More than One Reporting			
OKLAHON	AA CITY, OK 73105	í					Person	ore than One Rej	porting	
(City)	(State) (Zip) Tab	le I - Non-J	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security	2. Transaction Date 2A (Month/Day/Year) Ex		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	an	у					Beneficially	Form: Direct	Beneficial	
	(N	Ionth/Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
					(A)		Reported	(Instr. 4)	× ,	
			<u> </u>		or	D '	Transaction(s) (Instr. 3 and 4)			
Common			Code V	Amount	(D)	Price				
Stock; par	08/17/2007		Р	2,500	А	\$	9,500	D		
value	08/1//2007		r	2,300	A	0.3298	9,500	D		
\$0.0001										

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.

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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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GRIZZLE JERRY			President /					
711 NE 39TH STREET	Х		CEO /					
OKLAHOMA CITY, OK 73105			Chairman					
Signatures								
	007							

Jerry W. Grizzle 08/17/2007 **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.