#### ATOSSA GENETICS INC

Form 4 May 08, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

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Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Steinhart Richard I

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

ATOSSA GENETICS INC [ATOS]

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 05/06/2014

(Check all applicable)

Officer (give title below)

C/O ATOSSA GENETICS INC... 1616 EASTLAKE AVE.

EAST, SUITE 510

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X\_ Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

SEATTLE, WA 98102

(City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 3, 4 and 5) (Instr. 8)

Securities Beneficially (D) or Owned Following

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

10% Owner

Other (specify

Reported (A) Transaction(s) (Instr. 3 and 4)

or Price (D)

Code V Amount

(Month/Day/Year)

Common Stock (1)

05/06/2014

D \$0 22,728 D 0

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: ATOSSA GENETICS INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.22	05/06/2014		A	15,000	(2)	05/06/2024	Common Stock	15,000

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Steinhart Richard I

C/O ATOSSA GENETICS INC.,
1616 EASTLAKE AVE. EAST, SUITE 510

**Signatures** 

SEATTLE, WA 98102

/s/ Richard I. Steinhart 05/08/2014

\*\*Signature of Date
Reporting Person

# **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).
- On May 6, 2014, the board of directors of the Company approved a new compensation plan for persons appointed to the board in the past year, including the Reporting Person. Under the new plan the Reporting Person receives a one-time cash payment for joining the board of \$35,000 and the stock previously granted to the Reporting Person on March 1, 2014 for initial service on the board is rescinded. The disposition is being reported to reflect this rescission transaction.
- (2) The option shall vest on a quarterly basis over the next twelve months.

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.

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