Alliance HealthCare Services, Inc Form 4

March 25, 2	016										
FORM		OMB APPROVAL									
Washington, D.C. 20549									3235-0287	7	
Check the if no lon subject to Section Form 4	ger STATEN 16.	' CHAN	NGES IN SECUI	Estimated	ated average en hours 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> JOHNS RICHARD W			Symbol	er Name an ee Health(5. Relationship of Reporting Person(s) to Issuer				
		[AIQ]			ices, inc	(Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
	ANCE HEALTHO 5, INC., 100 BAY 9UITE 400	CARE	03/23/2	•			below)	below) COO and CLO			
		4. If Am	endment, D	ate Origina	ıl	6. Individual or Joint/Group Filing(Check					
			onth/Day/Yea	-		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
NEWPOR.	Г BEACH, CA 92	2660					Person	more than one re	oporting		
(City)	(State)	(Zip)	Tab	le 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. Deeme Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cla	iss of sec	urities bene	-	-	or indirectly.	ction of	SEC 1474		
							· · · · · · · · · · · · · ·		(0.00)		

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of Transaction Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) f		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
Employee Stock Option (Right to Buy)	\$ 6.93	03/23/2016		A		17,128		<u>(1)</u>	03/23/2026	Common Stock	17,128
Restricted Stock Units	(2)	03/23/2016		А		10,328		(2)	(2)	Common Stock	10,328

Edgar Filing: Alliance HealthCare Services, Inc - Form 4

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
JOHNS RICHARD W C/O ALLIANCE HEALTHCARE SERVICES, INC. 100 BAYVIEW CIRCLE, SUITE 400 NEWPORT BEACH, CA 92660			COO and CLO	
Signatures				
/s/ Christina Buresh, Attorney-in-Fact for Richard W. Johns		03/25/201	6	

**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).
- Vests in three substantially equal installments on each of March 23, 2017, 2018 and 2019, subject to continued service through each
 (1) applicable vesting date. The vesting of the award was also subject to timely execution by the Reporting Person of an amendment to the severance agreement between the Issuer and the Reporting Person (the "Vesting Condition"), which has been met.

Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The restricted stock units vest in(2) three substantially equal installments on each of March 23, 2017, 2018 and 2019, subject to continued service through each applicable vesting date. The vesting of the award was also subject to the Vesting Condition, which has been met.

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.