Edgar Filing: SANUWAVE Health, Inc. - Form 4

SANUWAVE He Form 4	ealth, Inc.										
September 30, 20)16										
FORM 4		~~.~~~~	~~~~			~~~		OMB A	PPROVAL		
	UNITED	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations	Section	NGES IN SECUI 16(a) of th	Estimated a burden hou response	Estimated average burden hours per response 0.5							
may continue.	<i>See</i> Instruction 30(h) of the Investment Company Act of 1935 of Section 30(h)										
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> Sundstrom Lisa E			2. Issuer Name and Ticker or Trading Symbol SANUWAVE Health, Inc. [SNWV]				5. Relationship of Reporting Person(s) to Issuer[(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction				(enc				
3360 MARTIN FARM ROAD, SUITE 100			(Month/Day/Year) 10/01/2015			Director 10% Owner X_ Officer (give title Other (specify below) below) Interim CFO					
(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 							
SUWANEE, GA	A 30024						Person		1 0		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities bene	-	-					
					inforn requii	nation cont red to resp iys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (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 Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative Securities	Expiration Date	Underlying Secur
Security	or Exercise		any	Code	Acquired (A) or	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8)		Disposed of (D) (Instr. 3, 4, and 5)				
	Security			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nur Sha
Options	\$ 0.11	10/01/2015		A	301,587		<u>(1)</u>	10/01/2025	Common Stock, \$0.001 par value	30
Options	\$ 0.5	10/01/2015		A	198,413		(2)	10/01/2025	Common Stock, \$0.001 par value	19
Options	\$ 0.5	03/31/2016		D		198,413	(3)	10/01/2025	Common Stock, \$0.001 par value	19
Options	\$ 0.06	03/31/2016		А	198,413		(3)	10/01/2025	Common Stock, \$0.001 par value	19
Options	\$ 0.04	06/16/2016		А	500,000		(4)	06/15/2026	Common Stock, \$0.001 par value	50

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Sundstrom Lisa E 3360 MARTIN FARM ROAD, SUITE 100 SUWANEE, GA 30024			Interim CFO			

Signatures

/s/ Lisa E. Sundstrom 09/30/2016 **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).
- (1) This option for 301,587 shares fully vested on October 1, 2015.
- (2) This option for 198,413 shares fully vested on October 1, 2015.

- (3) This option for 198,413 had an adjustment to the exercise price from \$0.50 to \$0.06 per section 4 of the stock option agreement and SEC Registration File No. 333-208676.
- (4) This option for 500,000 shares fully vested on June 16, 2016.

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.