

BOOSALES JAMES T  
Form 4  
July 16, 2012

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 \*  
BOOSALES JAMES T

2. Issuer Name and Ticker or Trading Symbol  
SRI SURGICAL EXPRESS INC  
[STRC]

5. Relationship of Reporting Person(s) to Issuer  
  
(Check all applicable)

(Last) (First) (Middle)  
2145 GLENBROOK CLOSE  
  
(Street)

3. Date of Earliest Transaction  
(Month/Day/Year)  
07/13/2012

Director  10% Owner  
 Officer (give title below)  Other (specify below)

PALM HARBOR, FL 34683  
  
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |   |  |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|---|--|
|                                 |                                      |  | Code                           | V   | Amount  | (A) or (D)   | Price   |   |  |
| Common Stock                    | 07/13/2012                           |  | U                              |   | 621,607   | D  | \$ 3.7 0  | I | By Boosales Family Limited Partnership |
| Common Stock                    | 07/13/2012                           |  | U                              |   | 50,000  | D  | \$ 3.7 0  | I | By Spouse                              |
| Common Stock                    | 07/13/2012                           |  | U                              |   | 12,500  | D  | \$ 3.7 0  | 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

SEC 1474 (9-02)

**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)

| 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. Transaction Code (Instr. 8) | 5. Number of Derivative 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) | 8. Exercise or Conversion Price (Instr. 3 and 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|
| Stock Option (right to buy)                | \$ 1.35  | 07/16/2012                           |  | D                              | 7,500   | (1) 05/22/2019   | Common Stock  | 7,500  |

|      |   |     |     |                  |                 |       |                            |
|------|---|-----|-----|------------------|-----------------|-------|----------------------------|
| Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
|------|---|-----|-----|------------------|-----------------|-------|----------------------------|

|                                      |         |            |  |   |       |                   |                 |       |    |
|--------------------------------------|---------|------------|--|---|-------|-------------------|-----------------|-------|----|
| Stock<br>Option<br>(right to<br>buy) | \$ 1.35 | 07/16/2012 |  | D | 7,500 | (1)<br>05/22/2019 | Common<br>Stock | 7,500 | \$ |
|--------------------------------------|---------|------------|--|---|-------|-------------------|-----------------|-------|----|

**Reporting Owners**

| Reporting Owner Name / Address                                    | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| BOOSALES JAMES T<br>2145 GLENBROOK CLOSE<br>PALM HARBOR, FL 34683 | X             | X         |         |       |

**Signatures**

|  |            |
|--|------------|
| Mark R. Faris, SRI/Surgical Express, Inc.,<br>Attorney-in-fact | 07/16/2012 |
| **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).
- This option, which provided for vesting evenly over a three year period from May 21, 2009, was cancelled in exchange for a cash payment of \$17,625 (less any applicable withholdings), which represents the product of the number of shares covered by this option multiplied by the amount per share by which the per share amount of \$3.70 exceeds the exercise price per share under this option.
- 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.