Edgar Filing: MYOS Corp - Form 4

MANOGO

| Form 4 | | | | | | | | | | | |
|---|-----------------------------------|--------------------|-----------------------------------|---|---|--------|--|---|--|----------|--|
| Form 4 December 29, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 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 | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type Re | sponses) | | | | | | | | | | |
| Toussaint Kenrick Bryce Syn | | | | Name and Corp [MY | | rading | 7 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (1 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/24/2015 | | | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> X Officer (give title <u></u> Other (specify below) <u>below</u>) Chief Executive Officer | | |
| | | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CEDAR KNO | OLLS, NJ 079 | 927 | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| | 2. Transaction I (Month/Day/Ye | ear) Execution any | emed on Date, if /Day/Year) | 3. Transactic Code (Instr. 8) Code V | 4. Securiti on(A) or Dis (D) (Instr. 3, 4) | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 12/24/2015 | | | A | 10,000 | A | $\begin{array}{c} 1 \\ \$ \\ 0 \\ \underline{(1)} \end{array}$ | 10,000 | 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 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)

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| 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | | | |
| Toussaint Kenrick Bryce C/O MYOS CORPORATIO 45 HORSEHILL ROAD, S CEDAR KNOLLS, NJ 079 | | | Chief Executive Officer | | | | | | |
| Signatures | | | | | | | | | |
| /s/ K. Bryce Toussaint | 12/29/2015 | 5 | | | | | | | |
| <u>**</u> 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).
- (1) The shares were issued pursuant to the employment agreement that was entered into between the issuer and Mr. Toussaint.

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.