Edgar Filing: TABLE TRAC INC - Form 4

| TABLE TRA | INC INC | | | | | | | | | | | | | |
|--|-------------------------|---------------|--------------|---|--------------|--------------|---|------------------------|---|---------------------|--------------|--|--|--|
| Form 4 | | | | | | | | | | | | | | |
| June 23, 2014 | 4 | | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | | | OMB APPROVAL | | | |
| CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | 3235-0287 | | | | | |
| Check thi | s box | | was | nington | I , I | D.C. 203 | 949 | | | Number: Expires: | January 31, | | | |
| if no longer | | | | | | NEDSHID OF | 2005 | | | | | | | |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OWN | | | | | | THERSIIII OF | Estimated average burden hours per response 0.5 | | | | | | | |
| Section 10 Form 4 or | | | | | | | | | | | | | | |
| Form 5 | | oursuant to | Section 16 | 5(a) of tl | he | Securiti | es Ex | chang | ge Act of 1934, | response | 0.5 | | | |
| obligation | ¹⁸ Section 1 | | | | | | | | f 1935 or Sectio | n | | | | |
| may conti <i>See</i> Instru | nue. | |) of the Inv | • | | • | - • | | | | | | | |
| 1(b). | letion | | , | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (Print or Type R | lesponses) | | | | | | | | | | | | | |
| | | * * | | | | | | | 5 D I I . | | | | | |
| | | | | Name an | d] | Ficker or T | Fradin | g | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| DROWINE S | | | Symbol | | TNT | | a ot | דר | 155001 | | | | | |
| | TABLE | IKAC | IIN | CIBI | C.OF | 5] | (Check all applicable) | | | | | | | |
| (Last) | (First) | (Middle) | 3. Date of | | Fra | nsaction | | | | | | | | |
| | | | | /Day/Year) | | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | | |
| C/O CARSON CIGAR 06/17/2 COMPANY, 318 NORTH CARSON | | | | /17/2014 | | | | | below) below) | | | | | |
| #101 | , 518 NORTH | ICARSON | 1 | | | | | | | | | | | |
| #101 | | | | | | | | | | | | | | |
| (Street) 4. If Ame Filed(Mon | | | | endment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | | th/Day/Yea | ar) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| CARSONC | ITY, NV 897(| 01 | | | | | | | Form filed by I | | | | | |
| Chirdborre | 111,10000 | 01 | | | | | | | Person | | | | | |
| (City) | (State) | (Zip) | Table | e I - Non- | De | rivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | | |
| 1.Title of | 2. Transaction | Date 2A. De | emed | 3. | | 4. Securi | ties | | 5. Amount of | 6. Ownership | 7. Nature of | | | |
| Security | (Month/Day/Y | ear) Execut | ion Date, if | | tio | nAcquired | | | Securities | Form: Direct | Indirect | | | |
| (Instr. 3) | | any (Month | Dov/Veor) | Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5) | | | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership | | | | | |
| | | (WOIII | l/Day/Teal) | | | | 4 anu | 5) | Following | (Instr. 4) | (Instr. 4) | | | |
| | | | | | | | (A) | | Reported | . , | | | | |
| | | | | | | | (A) or | | Transaction(s) | | | | | |
| | | | | Code | V | Amount | (D) | Price | (Instr. 3 and 4) | | | | | |
| Common | 06/17/2014 | | | А | | 7,500 | А | \$0 | 54,000 | D | | | | |
| Stock | | | | | | ,200 | | + 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.

 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) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own 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 | | | | |
| BROWNE STEVEN A C/O CARSON CIGAR C 318 NORTH CARSON # CARSON CITY, NV 897 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Steven A. Browne | 06/19/20 | 14 | | | | | | |
| <pre>**Signature of Reporting Person</pre> | 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).

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.