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| CPS TECHN Form 4 March 17, 20 | OLOGIES COR | P/DE/ | | | | | | | | | |
|--|--|---|--|--|------------------------|---------------------------------|---|--|--|---|--|
| FORM | 1 | | | | | | | | OMB A | PPROVAL | |
| | UNITED | STATES SECURITIES AND EXCHANGE C Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed purs S. Filed purs Section 17(a | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Exchange Act of 1934, 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 20(b) of the Investment Company Act of 1940 | | | | | | | | irs per | |
| (Print or Type R | esponses) | | | | | | | | | | |
| Adams Richard W Symbol | | | | r Name and Ticker or Trading CHNOLOGIES CORP/DE/ | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| 111 S. WORCESTER ST. (Month/Da 03/16/20 (Street) 4. If Amer | | | Ionth/Da | - | | | | Director 10% Owner X Officer (give title Other (specify below) below) below) Senior Vice-President & CTO | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| NORTON, N | MA 02766 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | | Disposed (Instr. 3, | (A) of (D 4 and (A) or |)) 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) | |
| Common Stock | 03/16/2015 | | | Code V D | Amount 1,785 | (D) D | Price \$3 | 127,628 | D | | |
| Common Stock | 03/17/2015 | | | D | 3,207 | D | \$3 | 124,421 | 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.

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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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | | |
|---|------------|---------------|-----------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Adams Richard W 111 S. WORCESTER ST. NORTON, MA 02766 | | | Senior Vice-President & CTO | | | | | |
| Signatures | | | | | | | | |
| Richard W. | 02/17/2015 | | | | | | | |

03/17/2015 Adams **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).

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.