Edgar Filing: Verratti Mark - Form 4

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Form 4											
October 03, 2 FORM Check thi if no long subject to Section 1 Form 4 ou Form 5 obligation may conti <i>See</i> Instru 1(b).	Was F CHAN Section 1 Public Ut	Shington, GES IN I SECUR 6(a) of the	D.C. 20 BENEFI ITIES e Securit ling Con	549 ICIA ies E ipany	L OW xchange y Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response				
(Print or Type R	Responses)										
Verratti Mark Sym			Symbol	Name and			0	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3.			3. Date of (Month/D 09/30/20	-	ansaction	-	-	(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title Other (specify below) below) President Assurex Health Inc.			
				nendment, Date Original onth/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 			
(City)	(State)	(Zip)	Tabl	o I Non D	omizatiza	Soour	itios A og	Person uired, Disposed of	on Donoficial	ly Ownod	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	ite 2A. Deen	ned n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi	ties Ao spose	cquired d of (D)	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	
Common Stock	09/30/2017			D <u>(1)</u>	800	D	\$ 36.18	49,200	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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				
Verratti Mark 320 WAKARA WAY SALT LAKE CITY, UT 84108			President Assurex Health Inc.					
Signatures								
By: Richard Marsh For: Mark Verratti		10/03/201	7					
<u>**</u> Signature of Reporting Person		Date						

<u>**</u>Signature of 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) Represents shares withheld by the Company to satisfy tax withholding obligations in connection with the vesting of restricted stock units granted to the reporting person.

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.