Edgar Filing: Intellicheck Mobilisa, Inc. - Form 4

| Intellicheck Form 4 | Mobilisa, Inc. | | | | | | | | | | |
|---|-----------------|---------------------------------|--|--|-----------|-------------------------|--|---|---------------------|--|--|
| May 16, 201 | 4 | | | | | | | | | | |
| FORM | | ATES SECUR | TTIES A | ND EV | | NCE C | MAICCION | | PROVAL | | |
| | UNITED ST | | shington, | | | INGE CO | JIVIIVIISSION | OMB Number: | 3235-0287 | | |
| Check th if no lon | ger | | CECIN | DENIDE | ICIA | | EDCUID OF | Expires: | January 31, 2005 | | |
| subject to Section | 0 | NT OF CHAN | SECUR | | EKSHIP OF | Estimated a burden hour | • | | | | |
| Form 4 o Form 5 | - | nt to Costion 1 | (a) of the | . Carrie | i na T | | A at af 1024 | response | 0.5 | | |
| obligatio may con | Section 17(a) o | | tility Hold | ling Cor | npan | y Act of | 1935 or Section | L | | | |
| See Instr 1(b). | | 30(h) of the In | vestment | Compar | ny Ac | t of 1940 |) | | | | |
| (Print or Type | Perpenses) | | | | | | | | | | |
| (Fint of Type | Kesponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Smith Guy L | | on <u>*</u> 2. Issuer Symbol | Name and | Ticker or | Tradi | 0 | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| · | | • | neck Mob | ilisa, Inc | :. [ID | N] | (Check all applicable) | | | | |
| | | | f Earliest Tr Day/Year) | ansaction | | | X_ Director10% Owner | | | | |
| 191 OTTO | STREET | 05/16/2 | - | | | | Officer (give title Other (specify below) | | | | |
| | (Street) | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| _X_ Fe | | | | | | | Form filed by M | form filed by One Reporting Person filed by More than One Reporting | | | |
| (City) | (State) (Zip |) Tabl | e I - Non-D |) erivative | Secur | ities Acqu | ired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | an | ecution Date, if | 3. Transactio Code (Instr. 8) | 4. Securit n(A) or Di (Instr. 3, | sposed | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | |
| | | | | | (A) or | | Transaction(s) (Instr. 3 and 4) | (insu: i) | | | |
| Common | | | Code V | Amount | (D) | Price | (110110 4110 1) | | | | |
| Stock, \$.001 par value | 05/16/2014 | | Р | 300 | Α | \$ 0.67 | 89,403 | D | | | |
| Common Stock, \$.001 par value | 05/16/2014 | | Р | 1,782 | A | \$ 0.674 | 91,185 | D | | | |
| Common Stock, \$.001 par value | 05/16/2014 | | Р | 100 | A | \$ 0.6836 | 91,285 | D | | | |

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| Common Stock, \$.001 par value | 05/16/2014 | Р | 318 | A | \$ 0.69 | 91,603 | D |
|---|------------|---|-------|---|----------|--------|---|
| Common Stock, \$.001 par value | 05/16/2014 | Р | 2,500 | А | \$ 0.675 | 94,103 | 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.

Exercisable Date

of

Shares

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title and | d | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|--------------|-------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | ate | Amount of | f | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underlying | g | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securities | - | (Instr. 5) | Bene |
| | Derivative | | • • | | Securities | | | (Instr. 3 an | nd 4) | | Owne |
| | Security | | | | Acquired | | | | , í | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | ,, | | | | | | |
| | | | | | | | | Am | ount | | |
| | | | | | | Date | Expiration | or | | | |
| | | | | | | Energianti | 1 | Title Nun | mber | | |

Code V (A) (D)

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | |
|---|----------|------------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Smith Guy L 191 OTTO STREET PORT TOWNSEND, WA 98368 | Х | | | |
| Signatures | | | | |
| /s/ Bill White, Attorney-In-Fact | 05/16/ | 2014 | | |

Date

**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).

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.