Edgar Filing: BSD MEDICAL CORP - Form 4

BSD MEDIC	CAL CORP										
Form 4											
May 13, 2014											
FORM	4 UNITED S	STATES SECU Wi	RITIES A ashington,			NGE (COMMISSION	OMB AI OMB Number:	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANG Filed pursuant to Section 16 Section 17(a) of the Public Uti				BENEF ITIES e Securit ling Con	I CIA ies E ipany	ge Act of 1934, f 1935 or Section	Expires:January 31, 2005Estimated average burden hours per response0.5				
See Instru	iction	30(h) of the I	nvestment	Compan	y Ac	t of 194	40				
1(b). (Print or Type R		. *					5				
BOYD DOUGLAS Symbol			er Name and IEDICAL			-	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Date of (Month/D 8101 TIARA COVE CIR 05/13/20			-				(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>Officer (give title</u> <u>Other (specify</u> <u>below)</u>				
	endment, Da onth/Day/Year	ndment, Date Original hth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 						
LAS VEGA	S, NV 89128						Form filed by M Person				
(City)	(State)	(Zip) Ta	ole I - Non-D	erivative	Securi	ities Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, i any (Month/Day/Year	on Date, if Transaction(A) or Disposed of Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
Common	05/10/2011			Amount		Price \$	Transaction(s) (Instr. 3 and 4)				
Stock	05/13/2014		Р	5,000	А	0.98	202,728	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)	4. Transact Code (Instr. 8)	of Deri Secu Acqu (A) o Disp	onNumber Expiration Date of (Month/Day/Yea Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Titl Amou Under Securi (Instr.	nt of Derivative lying Security		9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code N	4, an 7 (A)	,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	Relationships							
	Director	10% Owner	Officer	Other				
BOYD DOUGLAS 8101 TIARA COVE CIR LAS VEGAS, NV 89128	Х							
Signatures								
Douglas P Boyd	05/13/2014							
<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).

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.