EMAGIN CORP Form 4 August 05, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

OMB APPROVAL

3235-0287

January 31,

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * **CRONSON PAUL C**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

OMB

Number:

Expires:

Symbol EMAGIN CORP [EMAN]

(First) (Middle) (Last)

3. Date of Earliest Transaction

(Check all applicable)

(Month/Day/Year)

04/01/2009

X_ Director 10% Owner Officer (give title Other (specify below)

CORPORATION, 10500 N.E. 8TH

(Street)

STREET SUITE 1400

C/O EMAGIN

Security

(Instr. 3)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Code

(Instr. 8)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

BELLEVUE, WA 98004

(State) (Zip) (City) 1. Title of 2. Transaction Date 2A. Deemed

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

(Instr. 4)

Following (A)

Reported Transaction(s) (Instr. 3 and 4)

Owned

Code V Amount (D) Price

Disposed of (D)

(Instr. 3, 4 and 5)

or

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

3. Transaction Date 3A. Deemed 1. Title of 5. Number of

6. Date Exercisable and

7. Title and Amount of Underlying Securities

(Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Derivative Conversion

Edgar Filing: EMAGIN CORP - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (right to buy)	\$ 0.7	04/01/2009		J <u>(1)</u>	12,500	04/01/2009	04/01/2019(1)	Common Stock	12,500
Stock Options (right to buy)	\$ 1.18	07/01/2009		<u>J(1)</u>	12,500	07/01/2009	07/01/2019	Common Stock	12,500
Stock Options (right to buy)	\$ 1.05	07/13/2009		J <u>(1)</u>	25,000	07/13/2009	07/13/2019	Common Stock	25,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
Tripo and Comment	Director	10% Owner	Officer	Other		
CRONSON PAUL C C/O EMAGIN CORPORATION 10500 N.E. 8TH STREET SUITE 1400 BELLEVUE, WA 98004	X					

Signatures

/s/ Susan K.
Jones

**Signature of Reporting Person

O8/05/2009

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).
- (1) Issued as compensation for services performed on behalf of the Issuer in the Reporting Persons capacity as a director of the Issuer (compensation for Board of Directors)

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.

Reporting Owners 2