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SANUWAV	E Health, Inc.											
Form 4												
June 11, 2013												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										APPROVAL		
Check this box								OMB Number:	3235-0287			
if no longer					DEN					Expires:	January 31 2005	
subject to STATEMENT OF CHANGE Section 16. SE Form 4 or				SECU	ES IN BENEFICIAL OWNERS SECURITIES					Estimated a burden hou response	average Irs per	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 170	(a) of the		ility Hol	ding (Com	pany	Act of	e Act of 1934, E 1935 or Section 0	n		
(Print or Type R	(esponses)											
Cashman Christopher M Sym				2. Issuer Name and Ticker or Trading ymbol ANUWAVE Health, Inc. [SNWV]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction					(Chec				
				onth/Day/Year) /07/2013					Director _X_ 10% Owner Officer (give title Other (specify below)			
				endment, Date Original nth/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 			
JOHNS CRI	EEK, GA 30097								Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-l	Deriva	tive S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)			on Date, if	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) //Year) (Instr. 8) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Am	ount	or (D)	Price \$	(Instr. 3 and 4)			
Common Stock	06/07/2013			S	13,5	500	D	(1) (0.81	266,830	D		
Common Stock	06/10/2013			S	5,00	00	D		261,830	D		
Common Stock	06/11/2013			S	16,3	300	D	\$ 0.79 (2)	245,530	D		

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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 / Address		Relationships						
	Director	10% Owner	Officer	Other				
Cashman Christopher M 229 SOUTHERN HILL DRIVE JOHNS CREEK, GA 30097		Х						
Signatures								
/s/ Christopher M.								
Cashman	06/11/2013	3						
<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).

The price reported is a weighted average price. The corresponding shares were sold in multiple transactions at prices ranging from \$0.80 to \$0.82, inclusive. The reporting person undertakes to provide to SANUWAVE Health, Inc., any security holder of SANUWAVE

(1) Health, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.

The price reported is a weighted average price. The corresponding shares were sold in multiple transactions at prices ranging from \$0.78 to \$0.80, inclusive. The reporting person undertakes to provide to SANUWAVE Health, Inc., any security holder of SANUWAVE

(2) Health, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.

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.