

AMERICAN SHARED HOSPITAL SERVICES
 Form 4/A
 June 13, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person *
 Stachowiak Raymond C

2. Issuer Name and Ticker or Trading Symbol
 AMERICAN SHARED HOSPITAL SERVICES [AMS]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 C/O ASHS, FOUR EMBARCADERO CENTER
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 01/02/2014

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

SAN FRANCISCO, CA 94111-4107

4. If Amendment, Date Original Filed(Month/Day/Year)
 06/03/2010

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Indirect Beneficial Ownership (Instr. 4)		
			Code	V	Amount	(A) or (D)	Price		
COMMON STOCK NO PAR VALUE	01/02/2014		A		7,576	A	\$ 0 29,847	D	
COMMON STOCK NO PAR VALUE	06/10/2014		A		500	A	\$ 0 30,347	D	
COMMON STOCK NO PAR	06/12/2014		P		400,000	A	\$ 2.43 455,000	I	BY RCS INVESTMENTS INC

VALUE

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.

SEC 1474
(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)	Am or Num of Sha
OPTION TO ACQUIRE	\$ 2.81	06/02/2010		A	2,000	06/02/2010 ⁽¹⁾ 06/01/2017	COMMON STOCK NO PAR VALUE	2,
OPTION TO ACQUIRE	\$ 2.43	06/10/2014		A	2,000	06/10/2014 ⁽¹⁾ 06/09/2021	COMMON STOCK NO PAR VALUE	2,

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Stachowiak Raymond C C/O ASHS FOUR EMBARCADERO CENTER SAN FRANCISCO, CA 94111-4107		X		

Signatures

ERIC OHWA ON BEHALF OF RAYMOND C STACHOWIAK 06/13/2014

**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).
- (1) VESTS IN FULL ON THE EARLIER OF THE ONE-YEAR ANNIVERSARY OF THE TRANSACTION DATE OR THE REPORTING PERSON'S CONTINUED SERVICE THROUGH THE DAY BEFORE THE NEXT ANNUAL MEETING.

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.