## Edgar Filing: SHEA MICHAEL J - Form 4

| SHEA MICH<br>Form 4  |                                  |   |   |  |             |  |  |   |                  |   |  |
|--|----------------------------------|---|---|--|-------------|--|--|---|------------------|---|--|
| January 03, 20   | Л                                | татб  | SECUD   | ITIES AT   |             | <b>11</b> A <b>1</b>                             | NCE  | COMMISSION  | r                | PPROVAL   |  |
|  | UNITED                           | DIAILS  |   | hington, 1   |             |  | NGE V  |   | OMB<br>Number:   | 3235-0287   |  |
| Check this<br>if no longe<br>subject to<br>Section 16<br>Form 4 or<br>Form 5   | er <b>STATEM</b>                 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |   |  |             |  |  |   |                  | Lanuary 31,<br>2005Estimated average<br>burden hours per<br>response0.5 |  |
| obligation:<br>may contin<br><i>See</i> Instruct<br>1(b).  | s Section 17(a                   | a) of the   |   | ility Hold   | ing Com     | pany   | Act o  | ge Act of 1934,<br>f 1935 or Sectio<br>40   | 'n               |   |  |
| (Print or Type Ro  | esponses)                        |   |   |  |             |  |  |   |                  |   |  |
| SHEA MICHAEL J Sym   |                                  |   | Symbol  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>Alliance HealthCare Services, Inc |             |  |  | 5. Relationship of Reporting Person(s) to<br>Issuer   |                  |   |  |
|  |                                  |   |   | [AIQ]  |             |  |  | (Check all applicable)  |                  |   |  |
|  |                                  |   |   | of Earliest Transaction<br>Day/Year)<br>2012   |             |  |  | Director       10% Owner        X Officer (give title       Other (specify below)         below)       Director         Chief Operating Officer   |                  |   |  |
|  | (Street) 4. If Amer<br>Filed(Mon |   |   |  | -           |  |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                  |   |  |
| NEWPORT  | BEACH, CA 926                    | 660   |   |  |             |  |  | Person  | More than One Ro | eporting  |  |
| (City)   | (State)                          | (Zip)   | Table   | e I - Non-De   | erivative S | Securi   | ties Ac  | quired, Disposed o  | f, or Beneficia  | lly Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |                                  | on Date, if   | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |  |             | Securities Beneficially Owned Following Reported | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |                  |   |  |
|  |                                  |   |   | Code V   | Amount      | or<br>(D)  | Price  | Transaction(s) (Instr. 3 and 4)   |                  |   |  |
| Common<br>Stock  | 12/31/2012                       |   |   | A  | 8,088       | A  | \$ 0   | 36,408  | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of<br>orDerivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                     |
|---|---|---|---|--|--|--|--------------------|---|-------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |
| Employee<br>Stock<br>Option                         | \$ 6.38   | 12/31/2012                              |   | А                                      | 15,000   | <u>(1)</u>   | 12/31/2012         | Common<br>Stock   | 15,000                              |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                         |       |  |  |  |  |
|--|---------------|-----------|-------------------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer                 | Other |  |  |  |  |
| SHEA MICHAEL J<br>100 BAYVIEW CIRCLE<br>SUITE 400<br>NEWPORT BEACH, CA 92660 |               |           | Chief Operating Officer |       |  |  |  |  |
| Signatures   |               |           |                         |       |  |  |  |  |
| Leigh Ann Clifford with Power o<br>Attorney                                  | 01/03         |           |                         |       |  |  |  |  |
| **Signature of Reporting Person  |               | Da        | ıte                     |       |  |  |  |  |

## **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) Reporting person was granted the option to purchase 15,000 shares of the Company's Common Stock on 12-31-2012; one-third of which will vest on each of the first three anniversary dates of the option grant

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.