TRIPLE-S MANAGEMENT CORP Form 3 July 23, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF 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. Title of Derivative Security

(Instr. 4)

1. Name and Addre Person <u>*</u> Novoa-Loyo	•	U	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol TRIPLE-S MANAGEMENT CORP [GTS]				
	First)	(Middle)	07/15/2015	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner XOfficer Other			5. If Amendment, Date Original Filed(Month/Day/Year)6. Individual or Joint/Group	
1441 F.D ROO AVENUE, 6TH BOX 363628		_						
SAN JUAN, I	,	36		(give title below) (specify below) Chief Medical Officer		w)	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (S	State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Ber	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	•	
Reminder: Report of owned directly or in		te line for ea	ch class of securities benefic	^{ially} S	EC 1473 (7-02))		
	informa require	ation conta d to respo	pond to the collection of ained in this form are not ond unless the form displ MB control number.	t				
Tabl	e II - Deri	vative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, co	onvertible securities)	

3. Title and Amount of

Securities Underlying

Amount or

Number of

Derivative Security

(Instr. 4)

Expiration Title

Date

4.

Conversion

or Exercise

Derivative

Price of

Security

5.

Ownership

Derivative

Security:

Direct (D)

Form of

2. Date Exercisable and

Expiration Date

(Month/Day/Year)

Exercisable

Date

OMB APPROVAL OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average

burden hours per response... 0.5

6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

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Shares or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Novoa-Loyola Jose E. 1441 F.D ROOSEVELT AVENUE, 6TH FLOOR PO BOX 363628 SAN JUAN, PR 00936	Â	Â	Chief Medical Officer	Â		
Signatures						
/s/ Manuel Rodriguez-Boissen, Attorney-in-Fact	07/23/20)15				
**Signature of Reporting Person	Date					
Explanation of Responses:						

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

No securities are beneficially owned.

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.