Edgar Filing: SOINSKI JEFFREY M - Form 4

SOINSKI JE	FFREY M										
Form 4											
May 01, 2019)										
FORM	4								-	PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no long subject to	N T A T H M	ENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF		2005	
Section 10		SECURITIES							Estimated average burden hours per		
Form 4 or	:								response	•	
Form 5								ge Act of 1934,			
obligation may conti				•	•	- ·		of 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40			
1(b).											
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <u>*</u> SOINSKI JEFFREY M			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
	Avinger	Inc [AV	GR]			(Check all applicable)					
(Last)	(First) (N	liddle)	3 Date of	Earliest Tr	ansaction			(Chec	sk all applicable	e)	
				3. Date of Earliest Transaction (Month/Day/Year)				Director	10% Owner		
			04/30/2019					Officer (give	er (specify		
								below) Chief I	below) Executive Offic	er	
	(Streat)		4 10 4	1 (D							
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			rneu(mon	ui/Day/Tear)			Applicable Line) _X_ Form filed by (One Reporting Pe	erson	
REDWOOD	CITY, CA 9406	3						Form filed by M			
	0111, 0119100	0						Person			
(City)	(State) ((Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	Executio	med on Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3. 4 and 5)				Securities	Form: Direct Ir D) or B	7. Nature of Indirect	
(Instr. 3)		any (Month/	Day/Year)					2		Beneficial Ownership	
		(WOIIII)	Day/Teal)	(Instr. 8) (Instr. 3, 4 and 5)			5)		1 / J	(Instr. 4)	
						(Λ)		Reported	, ,		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	04/30/2019			А	1,666 (1)	А	\$ 0.6	37,719 <u>(2)</u>	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SOINSKI JEFFREY M 400 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063			Chief Executive Officer					
Signatures								
/s/Jeff Soinski 05	/01/2019							

05/01/2019

**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).
- Shares were purchased under the Company's Officer and Director Share Purchase Plan in a transaction exempt from Section 16b pursuant (1) to Rule 16b-3(c.)
- (2) Includes 62 shares acquired under the 2015 Employee Stock Purchase Plan.

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.