#### CPS TECHNOLOGIES CORP/DE/

Form 4

August 11, 2016

### FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response...

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** CULLIGAN THOMAS M |                |               | 2. Issuer N<br>Symbol | lame <b>and</b> | Ticker or Trading        | 5. Relationship of Reporting Person(s) to Issuer  |              |          |  |  |
|--|----------------|---------------|-----------------------|-----------------|--------------------------|---|--------------|----------|--|--|
|  |                |               | CPS TEC<br>[CPSH]     | HNOLC           | OGIES CORP/DE/           | (Check all applicable)  |              |          |  |  |
| (Last)   | (First)        |               | 3. Date of E          |                 | nnsaction                | X Director Officer (give title  | 10%          |          |  |  |
| 111 SOUTH WORCESTER  |                |               | (Month/Day 08/10/201  |                 |                          | below)  | below)       | below)   |  |  |
| STREET   |                |               |                       |                 |                          |   |              |          |  |  |
|  | (Street)       |               |                       | lment, Dat      | e Original               | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |              |          |  |  |
|  |                |               | Filed(Month           | /Day/Year)      |                          |   |              |          |  |  |
| NORTON, MA 02766   |                |               |                       |                 |                          | Form filed by More than One Reporting Person  |              |          |  |  |
| (City)   | (State)        | (Zip)         | Table 1               | I - Non-Do      | erivative Securities Acq | quired, Disposed of, or   | r Beneficial | ly Owne  |  |  |
| 1.Title of   | 2. Transaction | Date 2A. Deen | med :                 | 3.              | 4. Securities Acquired   | 5. Amount of 6.   | Ownership    | 7. Natur |  |  |

| • | , , ,                                   | 1 abic  | : 1 - Non-De | erivative i | Securi    | ues Acq                 | luirea, Disposea (    | n, or Beneficial | ly Owned   |
|---|---|---|--------------|-------------|-----------|-------------------------|-----------------------|------------------|------------|
| 1.Title of<br>Security                  | 2. Transaction Date (Month/Day/Year)    | 3. 4. Securities Acquired Transaction(A) or Disposed of |              |             |           | 5. Amount of Securities | 7. Nature of Indirect |                  |            |
| (Instr. 3)                              | ( · · · · · · · · · · · · · · · · · · · | Execution Date, if any                                  | Code         | (D)         | 1         |                         | Beneficially          | (D) or           | Beneficial |
|   |   | (Month/Day/Year)  | (Instr. 8)   | (Instr. 3,  | 4 and     | 5)                      | Owned                 | Indirect (I)     | Ownership  |
|   |   |   |              |             |           |                         | Following             | (Instr. 4)       | (Instr. 4) |
|   |   |   |              |             | (A)       |                         | Reported              |                  |            |
|   |   |   |              |             | (A)<br>or |                         | Transaction(s)        |                  |            |
|   |   |   | Code V       | Amount      | (D)       | Price                   | (Instr. 3 and 4)      |                  |            |
| Common<br>Stock                         | 08/10/2016                              |   | A            | 1,900       | A         | \$<br>1.53              | 1,900                 | D                |            |
| Common<br>Stock                         | 08/10/2016                              |   | A            | 100         | A         | \$<br>1.59              | 2,000                 | 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.

SEC 1474

(9-02)

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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>Transacti<br>Code<br>(Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, |                     | ate                | 7. Titl<br>Amou<br>Under<br>Securi<br>(Instr. | nt of<br>lying                         | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|---|--|--|---|
|   |   |   |   | Code V                                | 4, and 5) (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |  |   |

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CULLIGAN THOMAS M
111 SOUTH WORCESTER STREET X
NORTON, MA 02766

#### **Signatures**

Thomas M. O8/11/2016 Culligan

\*\*Signature of Date
Reporting Person

## **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).

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.

Reporting Owners 2