Alliance HealthCare Services, Inc Form 4 January 03, 2014

Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES MMB Subject to SECURITIES Statement of Securities Exchange Act of 1934, obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 10(b). MMB Subject of Securities Exchange Act of 1934, obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 10(b). MMB Subject of Securities Exchange Act of 1934, obligations section 17(a) of the Public Utility Holding Company Act of 1935 or Section 10(b). MMB Subject of Subject of Su	FORM	Δ									PPROVAL		
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Expires: Outburg 50. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935, obligations may continue. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935, sec Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b). Section 17(a) of the Public Utility Holding Company Act of 1940 1(b). Section 17(a) of the Public Utility Holding Company Act of 1940 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person _ SAMEK EDWARD L 2. Issuer Name and Ticker or Trading Symbol Alliance HealthCare Services, Inc [AQ] S. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)	Washington, D.C. 20549								COMMISSION	OINE	3235-0287		
subject o subject o STATEMENT OF CHARGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Form 4 or Form 5 obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section section 17(a) of the Public Utility Holding Company Act of 1940 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person [±] SAMEK EDWARD L Symbol Alliance HealthCare Services, Inc [AU] (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 100 BAYVIEW CIRCLE, SUITE 12/31/2013 (City) (State) (Zip) NEWPORT BEACH, CA 92660 (City) (State) (Zip) NEWPORT BEACH, CA 92660 NEWPORT BEACH, CA 92660 NEWPORT BEACH, CA 92660 (City) (State) (Zip) NEWPORT BEACH, CA 92660 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Litile of 2. Transaction Date 2A. Deemed (Month/Day/Year) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 4) (Instr. 4) (Month/Day/Year) (Instr. 3, 4 and 5) Code V Amount (D) Price (Instr. 3) Code V Amount (D) Price (Instr. 4) Reported Transaction(s) (Instr. 4) Loss A S 0 45486 D		box									-		
may continue. Section 17(a) of the Public Utility Holding Company Act of 1955 of Section 30(h) of the Investment Company Act of 1940 (b). 30(h) of the Investment Company Act of 1940 (b). (Print or Type Responses) 1. Name and Address of Reporting Person 1 2. Issuer Name and Ticker or Trading Symbol Alliance HealthCare Services, Inc [AIQ] 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) -X Director	subject to Section 16 Form 4 or Form 5	5. Filed pu	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 193								average Irs per		
1. Name and Address of Reporting Person : 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) 100 BAYVIEW CIRCLE, SUITE 12/31/2013	may contin See Instruc	nue. Section 17								'n			
SAMEK EDWARD L Symbol Issuer Symbol Alliance HealthCare Services, Inc [AIQ] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) -X_Director 10% Owner 100 BAYVIEW CIRCLE, SUITE 400 12/31/2013 12/31/2013 6. Individual or Joint/Group Filing(Check Applicable Line) -X_Form filed by One Reporting Person -Form filed by More than One Reporting Person NEWPORT BEACH, CA 92660 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Instr. 3) 5. Amount of (Month/Day/Year) 6. Ownership Person 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. 4. Securities Code 5. Amount of Disposed of (D) (Instr. 8) 6. Ownership Person (Instr. 3) 10/0 or (Instr. 4) 2.1 Transaction Date (Month/Day/Year) 3. 4. Securities Code 5. Amount of Disposed of (D) 6. Ownership Porm: Direct (Instr. 3) 1/10/0 or (Instr. 4) 1/10/0 or (Instr. 4) 6. Ownership (Instr. 4) 7. Nature of Securities Porm: Direct Common 12/31/2013 A 1.668 A 5.0 45.486 D	(Print or Type R	esponses)											
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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 Derivati Security (Instr. 3	ive Conversion or Exercise	· · · · · ·	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	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					
SAMEK EDWARD L 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660	Х								
Signatures									
Leigh Ann Clifford, as attorneyin Samek		01/03/2014							
<u>**</u> Signature of Reporting P		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).

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.