**AMEDICA Corp** Form 4 January 13, 2015

## FORM 4

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

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

(Last)

(City)

1. Name and Address of Reporting Person \* Davis Kevin L

(Middle)

(Zip)

AMEDICA Corp [AMDA]

3. Date of Earliest Transaction (Month/Day/Year) 01/08/2015

Symbol

C/O AMEDICA CORPORATION, 1885 WEST 2100 **SOUTH** 

(First)

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

Officer (give title \_\_X\_ Other (specify

former Chief Operating Officer

below)

10% Owner

SALT LAKE CITY, UT 84119

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5) (A)

5. Amount of Securities Beneficially Owned Following Reported

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Director

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if Derivative Conversion

5. Number of TransactionDerivative Securities

6. Date Exercisable and **Expiration Date** 

7. Title and A Underlying S

#### Edgar Filing: AMEDICA Corp - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Acquired (A (Instr. 8) Disposed o (Instr. 3, 4,		(D)	(Month/Day/Year)		(Instr. 3 and 4	
				Code '	V	(A)	(D)	Date Exercisable	Expiration Date	Title
Stock Options	\$ 2.95	01/08/2015		D <u>(1)</u>			100,000	02/13/2015	08/13/2024	Common Stock
Stock Options	\$ 0.95	01/08/2015		A <u>(1)</u>		100,000		01/08/2015(1)	08/13/2024	Common Stock

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Davis Kevin L C/O AMEDICA CORPORATION 1885 WEST 2100 SOUTH SALT LAKE CITY, UT 84119

former Chief Operating Officer

## **Signatures**

/s/ Kevin Ontiveros, by Power of Attorney

01/13/2015

\*\*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).

The reporting person agreed to an amendment of his outstanding stock option, as reflected in this Form 4, for 100,000 shares of the Company's common stock granted to the reporting person on August 13, 2014 (the "August 2014 Option") changing the exercise price from \$2.95 per share to an exercise prices of \$.95 per share. The option fully vested on January 8, 2015 per the terms of the reporting person's Retention Agreement.

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