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Form 4											
September 30), 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	IAIES		hington,			NGE (_01v11v1155101N	OMB Number:	3235-0287		
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATEM 5. Filed purs ¹⁵ Section 17(a	uant to So) of the P	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES o Section 16(a) of the Securities Exchange Act of 1934, e Public Utility Holding Company Act of 1935 or Section a) of the Investment Company Act of 1940							Expires: January 31 2005 Estimated average burden hours per response 0.5	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Hariri Robert J			2. Issuer Name and Ticker or Trading Symbol MYOS Corp [MYOS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	iddle)	3. Date of Earliest Transaction					(Check all applicable)			
C/O MYOS CORPORATION, 45 HORSEHILL ROAD, SUITE 106			(Month/Day/Year) 09/28/2015					X_ DirectorX_ 10% Owner Officer (give title below) Other (specify below)			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
CEDAR KN	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (A	Zip)	Table	· I - Non-De	erivative S	Securi	ities Acc	uired, Disposed of	f. or Beneficial	lv Owned	
(Instr. 3) any				3. Transactio Code (Instr. 8)	4. Securi	ties A ispose	cquired d of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	09/28/2015			Р	800	A	\$ 2.65 (1)	90,864	D		
Common Stock	09/29/2015			Р	1,500	А	\$ 2.7 (2)	92,364	D		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Hariri Robert J C/O MYOS CORPORATION 45 HORSEHILL ROAD, SUITE 106 CEDAR KNOLLS, NJ 07927		Х	Х					
Signatures								
/s/ Dr. Robert Hariri	09/30/201	5						
<u>**</u> 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).

Represents the weighted average purchase price. Shares were acquired in multiple transactions at prices ranging from \$2.60 per share to \$2.66 per share. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities

(1) and Exchange Commission, upon request, full information regarding the number of shares acquired at each separate price within the ranges set forth in this footnote

Represents the weighted average purchase price. Shares were acquired in multiple transactions at prices ranging from \$2.60 per share to \$2.75 per share. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities

(2) and Exchange Commission, upon request, full information regarding the number of shares acquired at each separate price within the ranges set forth in this footnote.

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.