Edgar Filing: GIGA TRONICS INC - Form 4

| GIGA TRON | JICS INC | | | | | | | | | | | |
|--|---------------------------------|----------|---|-------------------------------------|-------------------------------|--------|---|--|--------------------------------------|------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| August 16, 20 | 016 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | | |
| | UNITE |) STATES | | ITIES Al hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | |
| Check thi | | | | | | | | | Expires: | January 31, | | |
| if no long subject to | NIA IH | MENT O | F CHAN | GES IN I | GES IN BENEFICIAL OWNERSHIP O | | | | | Estimated average 2005 | | |
| Section 1 | | SE | | | | | burden hours per | | | | | |
| Form 4 or | | | | | | | | | response | response 0.5 | | |
| Form 5 obligatior | 1 0 | | | | | | • | ge Act of 1934, | | | | |
| may conti | | | | • | • | | | f 1935 or Sectio | n | | | |
| <i>See</i> Instru 1(b). | iction | 30(n) | of the In | vestment | Compan | y Ac | l 01 194 | 40 | | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer GARRETTSON GARRETT A Symbol GIGA T | | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | RONICS | INC [GI | [GA] | | (Check all applicable) | | | | |
| | | | | Earliest Transaction | | | | | | | | |
| 4650 NORRIS CANYON ROAD (Month/D 08/15/20 | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | | |
| 4030 NOKK | IS CAN I ON I | XUAD | 08/15/20 |)16 | | | | below) | below) | or (speen) | | |
| | | | endment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | th/Day/Year) | | | | Applicable Line) | | | | | |
| SAN RAMO | ON, CA 94583 | | | | | | | _X_ Form filed by 0 Form filed by N Person | One Reporting Pe More than One Re | | | |
| | | (77.) | | | | | | reison | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ities Aco | quired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date 2A. D | | | 3. 4. Securities Acquired | | | - | | 6. Ownership | | | |
| Security (Instr. 3) | (Month/Day/Year) Executi any | | on Date, if Transaction(A) or Dispose Code (D) | | | d of | Securities Beneficially | | Indirect Beneficial | | | |
| (1150.5) | | - | Day/Year) | (Instr. 8) | ~ / | | | 2 | Indirect (I) | Ownership | | |
| | | | - | | | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | | | | |
| | | | | | | or | р. | (Instr. 3 and 4) | | | | |
| Common | | | | Code V | Amount | (D) | Price ¢ | | | | | |
| Common Stock | 08/15/2016 | | | S | 1,000 | D | \$ 1.04 | 94,470 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Instr. 8) | of Deri Secu Acq (A) Disp of (I | ionNumber Expiration of (Month/ Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|-------------------------------------|---|--|---------------------|--------------------|---|--|--------------------------------------|---|
| | | | | Code V | √ (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| GARRETTSON GARRETT A 4650 NORRIS CANYON ROAD SAN RAMON, CA 94583 | Х | | | |
| Signatures | | | | |
| /s/ Garrett A. Garrettson by Steven in fact | 08/16/2016 | | | |
| **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).

Relationships

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.