Edgar Filing: Frischer Charles L - Form 4

les L										
018										
4					TT A N			OMB APPROVAL		
				ECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549					3235-0287 January 31,	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant to S										
				F CHANGES IN BENEFICIAL OWNERSI SECURITIES					•	
Section 17	(a) of the	Public Uti	lity Holdi	ng Com	bany	Act of	1935 or Section	n		
esponses)										
1. Name and Address of Reporting Person <u>*</u> Frischer Charles L			2. Issuer Name and Ticker or Trading Symbol REGIONAL HEALTH				5. Relationship of Reporting Person(s) to Issuer			
PROPER					-A]		(Check an applicable)			
(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)				DirectorX_ 10% Owner Officer (give title Other (specify below) below)				
4404 52ND AVENUE NE			10/18/2018							
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
VA 98105							Form filed by M Person	Iore than One Re	porting	
(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
Security (Month/Day/Year) Executiv (Instr. 3) any		ion Date, if	3. Transactic Code (Instr. 8)	ion(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			
10/18/2018			Code V P	Amount 8,958	or (D) A	Price \$ 2.28	(Instr. 3 and 4) 330,932	I <u>(1)</u>	Please see footnote 1	
	4 UNITED box r STATE	1 UNITED STATES box STATEMENT O * STATEMENT O . Filed pursuant to inue. Section 17(a) of the 	1 UNITED STATES SECURI box STATEMENT OF CHANC r STATEMENT OF CHANC Filed pursuant to Section 16 Section 17(a) of the Public Utility stion 30(h) of the Inv esponses) dress of Reporting Person * 2. Issuer I Symbol REGION PROPER (First) (Middle) AVENUE NE 10/18/20 (Street) 4. If Amenu Filed(Month) VA 98105 (State) (Zip) (Month/Day/Year) Execution Date, if any (Month/Day/Year)	1 1 1 STATEMENT OF CHANGES IN B T STATEMENT OF CHANGES IN B T STATEMENT OF CHANGES IN B Secure SECURF Filed pursuant to Section 16(a) of the section 17(a) of the Public Utility Holdit 30(h) of the Investment Of Section 17(a) of the Public Utility Holdit 30(h) of the Investment Of Section 17(a) of the Public Utility Holdit 30(h) of the Investment Of Section 17(a) of the Public Utility Holdit 30(h) of the Investment Of Section 17(a) of the Public Utility Holdit 1000000000000000000000000000000000000	1 UNITED STATES SECURITIES AND EXCLOSED box STATEMENT OF CHANGES IN BENEFICE r SECURITIES Filed pursuant to Section 16(a) of the Securities Section 17(a) of the Public Utility Holding Composes stion 30(h) of the Investment Company esponses) dress of Reporting Person ¹ 2. Issuer Name and Ticker or T Symbol REGIONAL HEALTH PROPERTIES, INC [RHE (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) AVENUE NE 10/18/2018 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) VA 98105 (State) 2. Transaction Date (Month/Day/Year) Execution Date, if Transaction(A) or Di any Code (D) (Month/Day/Year) (Instr. 3) (Instr. 3) (Instr. 3)	1 UNITED STATES SECURITIES AND EXCHAN Washington, D.C. 20549 box r STATEMENT OF CHANGES IN BENEFICIAL SECURITIES Filed pursuant to Section 16(a) of the Securities Ex Section 17(a) of the Public Utility Holding Company ue. Section 17(a) of the Public Utility Holding Company atom 30(h) of the Investment Company Act sponses) dress of Reporting Person ¹ 2. Issuer Name and Ticker or Trading Symbol REGIONAL HEALTH PROPERTIES, INC [RHE-A] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) AVENUE NE 10/18/2018 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) VA 98105 (State) 2. Deemed 3. 4. Securities Act (Month/Day/Year) VA 98105 (State) 2. Deemed 3. 4. Securities Act (Month/Day/Year) 3. 4. Securities Act (Month/Day/Year) (Xate) (Zip) Table I - Non-Derivative Securit 4. (Month/Day/Year) (Month/Day/Year) Execution Date, if Transaction(A) or Dispose any 3. 4. Securities Act (Month/Day/Year) (Month/Day/Year) (Instr. 3, 4 and (A) or Code (D)	9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9018 9019 9011 <t< td=""><td>918 9 <</td><td>Municipal States Securities AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB AF OMB AF</td></t<>	918 9 <	Municipal States Securities AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB AF	

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.

Edgar Filing: Frischer Charles L - Form 4

 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int 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 / Add	ress	Relationships						
i B	Director	Director 10% Owner C		Other				
Frischer Charles L 4404 52ND AVENUE NE SEATTLE, WA 98105		Х						
Signatures								
Charles L. Frischer	10/22/2018							
**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).
- (1) Charles Frischer owns 307,559 shares directly, 12,373 shares are held in his IRA and 11,000 shares are held by the Libby Frischer Family Partnership, of which Charles Frischer is the sole General Partner.

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.