

MISONIX INC
Form 4
September 11, 2015

FORM 4

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

OMB APPROVAL

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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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Miner Charles

(Last) (First) (Middle)

INTERNAL MEDICINE
ASSOCIATES OF DARIEN, 1500
POST ROAD

(Street)

DARIEN, CT 06820

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
MISONIX INC [MSON]

3. Date of Earliest Transaction
(Month/Day/Year)
09/10/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Amount	Price			
Common Stock, par value \$.01	09/10/2015		P	15,000	A	\$ 7.6	17,500	D	
Common Stock, par value \$.01	09/10/2015		S	3,230	D	\$ 10.5	14,270	D	
Common Stock, par value \$.01	09/10/2015		S	2,200	D	\$ 10.3	12,070	D	
Common Stock, par value \$.01	09/10/2015		S	2,500	D	\$	9,570	D	

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Stock, par value \$.01						10.25	
Common Stock, par value \$.01	09/10/2015	S	100	D	\$ 10.6	9,470	D
Common Stock, par value \$.01	09/11/2015	S	2,200	D	\$ 10.25	7,270	D
Common Stock, par value \$.01	09/11/2015	S	1,700	D	\$ 9.87	5,570	D
Common Stock, par value \$.01	09/11/2015	S	271	D	\$ 10	5,299	D
Common Stock, par value \$.01	09/11/2015	S	100	D	\$ 10.1	5,199	D
Common Stock, par value \$.01	09/11/2015	S	2,229	D	\$ 9.85	2,970	D
Common Stock, par value \$.01	09/11/2015	S	470	D	\$ 9.931	2,500	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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Stock Option (right to	\$ 7.6	09/10/2015		M	15,000	09/26/2005 09/26/2015	Common Stock, par value 15,000

buy)

\$.01

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Miner Charles INTERNAL MEDICINE ASSOCIATES OF DARIEN 1500 POST ROAD DARIEN, CT 06820	X			

Signatures

/s/ Charles Miner	09/11/2015
<small>**Signature of Reporting Person</small>	<small>Date</small>

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) Granted pursuant to issuer's option plan.

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.