

CHOICEONE FINANCIAL SERVICES INC
 Form 4
 November 20, 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 *
 LAMPEN THOMAS L

2. Issuer Name and Ticker or Trading Symbol
 CHOICEONE FINANCIAL SERVICES INC [(NONE)]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 109 EAST DIVISION STREET
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 08/03/2015

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

SPARTA, MI 49345
 (City) (State) (Zip)

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

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 (Instr. 8)	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)
Common Stock ⁽¹⁾	08/03/2015		F	V	61.5	D	
					\$ 22.75		
					7,808.9095		
					⁽²⁾	D	
Common Stock	11/19/2015		M		500	A	
					\$ 18.85		
					8,308.9095		
						D	
Common Stock	11/19/2015		F		386.746	D	
					\$ 24.37		
					7,922.1635		
Common Stock					1,458.626	⁽³⁾	I
							401(k) Plan

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

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(9-02)

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)	8. P Der Sec (Ins	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 18.85	11/19/2015		M	125	01/18/2006 01/18/2016	Common	125	
Stock Option (Right to Buy)	\$ 18.85	11/19/2015		M	125	01/18/2007 01/18/2016	Common	125	
Stock Option (Right to Buy)	\$ 18.85	11/19/2015		M	125	01/18/2008 01/18/2016	Common	125	
Stock Option (Right to Buy)	\$ 18.85	11/19/2015		M	125	01/18/2009 01/28/2016	Common	125	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LAMPEN THOMAS L 109 EAST DIVISION STREET SPARTA, MI 49345			Treasurer	

Signatures

/s/ Thomas L.
Lampen

11/20/2015

__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).
- (1) Shares forfeited upon conversion of stock units granted on August 1, 2014 to common stock.
- (2) Column 5 reflects the acquisition of 164.7027 shares under the ChoiceOne Financial Services, Inc. Employee Stock Purchase Plan and 95.9901 shares from the reinvestment of cash dividends.
- (3) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2014.

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.