### Edgar Filing: UROPLASTY INC - Form 4

UROPLASI	I'Y INC											
Form 4												
July 25, 201	3											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB	3235-0287			
Check th	uis box		Wa	shingto	on,	D.C. 205	49			Number:		
if no longer									Expires:	January 31, 2005		
subject to	o STATEN	AENT OF	CHAN		GES IN BENEFICIAL OWNERSHIP					Estimated average		
Section		SECURITIES									burden hours per	
Form 4 o Form 5	-	concept to S	action 1	f(a) of	th.	Saguritia	Ev	hong	A  at of $1024$	response	0.5	
obligatio								•	e Act of 1934, 1935 or Section	n		
may con	unue.			•		Company	•			1		
See Instr 1(b).	ruction	50(11) (		i vestine	JIIL V	company	1100	01 174	0			
1(0).												
(Print or Type	Responses)											
	Address of Reporting	Person <sup>*</sup>	2. Issue	er Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
Kill Robert			Symbol						Issuel			
UROPI			UROPI	PLASTY INC [UPI]					(Check all applicable)			
(Last)	(First) (A	Middle)	3. Date o	f Earlies	t Tra	ansaction						
			(Month/I	2	)				Director		Owner (an acify)	
	TY, INC., 5420 F	ELTL	07/23/2	013					XOfficer (give below)	below)	er (specify	
ROAD									Pre	esident, CEO		
	(Street)		4. If Ame	endment,	Dat	te Original			6. Individual or Jo	int/Group Filir	g(Check	
Filed(Mor			Month/Day/Year)					Applicable Line)				
									_X_ Form filed by C Form filed by M	One Reporting Pe Iore than One Re		
MINNETO	NKA, MN 55343	5							Person		porting	
(City)	(State)	(Zip)	Tab	le I - No	n-D	erivative S	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deeme	ed	3.		4. Securitie	s Acqu	uired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		Date, if		ctio	n(A) or Disp		of (D)	Securities Beneficially	Form: Direct		
(Instr. 3)		any (Month/Da	ny Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)					Beneficial Ownership	
		(WORLD'D'	ly/1eal)	(msu. c	5)				Owned Following	(Instr. 4)	(Instr. 4)	
							(1)		Reported	· /		
							(A) or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
common stock	09/23/2013			А		300,000	А	\$0	310,000	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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	A Title N S
non-qualified stock options	\$ 5.26					12/06/2011	12/05/2017	common stock
non-qualified stock options	\$ 4.83					09/14/2012	09/13/2018	common stock
non-qualified stock options	\$ 3.76					09/13/2013	09/12/2019	common stock
non-qualified stock options	\$ 2.34	07/23/2013		А	700,000	07/23/2014(1)	07/22/2020	common , stock

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Kill Robert UROPLASTY, INC. 5420 FELTL ROAD MINNETONKA, MN 55343			President, CEO				

# Signatures

Larry Bakeman 07/25/2013 <u>\*\*Signature of</u> Date Reporting Person

### **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) Becomes exercisable with respect to one-third of the shares on the first, second and third anniversaries of the grant date (the grant date being one year prior to such date).

#### **Remarks:**

Signature is on behalf of Mr. Kill.

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.