Greco Samuel A Form 4 August 24, 2012

FORM 4

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

OMB 3235-0287

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to

Number: January 31, Expires:

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

2005 Estimated average burden hours per

0.5

response...

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

SECURITIES

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Greco Samuel A

2. Issuer Name and Ticker or Trading

Symbol

CareView Communications Inc

[CRVW]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

CEO

(Last)

(City)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

X_ Officer (give title below)

10% Owner Other (specify below)

405 STATE HIGHWAY 121, SUITE 08/22/2012

(Street)

(State)

B240

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

_X__ Director

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

LEWISVILLE, TX 75067

(State)	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
(Month/Day/Year)	Execution Date, if		` ′	•	` ′	Securities	Form: Direct	Indirect
	any		(Instr. 3, 4 and 5)		•	` '	Beneficial	
	(Month/Day/Year)	(Instr. 8)					` '	Ownership
						υ	(Instr. 4)	(Instr. 4)
				(A)		*		
				or		` '		
		Code V	Amount	(D)	Price	(Instr. 3 and 4)		
08/22/2012		P	5,300	A	\$ 1.07	873,461	D	
					1.0,			
08/22/2012		P	14,850	A	\$ 1.08	888,311	D	
08/22/2012		P	25,900	A	\$ 1.09	914,211	D	
	2. Transaction Date (Month/Day/Year) 08/22/2012 08/22/2012	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 08/22/2012 08/22/2012	2. Transaction Date 2A. Deemed 3. Execution Date, if any Code (Month/Day/Year) (Month/Day/Year) (Instr. 8) Code V 08/22/2012 P	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed 3. 4. Securities Ac (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) (Instr. 8) (A) or (Code V Amount (D) (D	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 3, 4 and 5) Code V Amount (D) Price	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Instr. 3, 4 and 5) Executities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Pri	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code Code

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

SEC 1474

(9-02)

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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)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exerc Expiration D		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/		Under Secur	rlying	Security (Instr. 5)	Secur 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	Relationships					
	Director	10% Owner	Officer	Other		
Greco Samuel A						
405 STATE HIGHWAY 121, SUITE B240	X		CEO			
LEWISVILLE, TX 75067						

Signatures

/s/ Samuel A.
Greco

**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).

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.

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