

SANUWAVE Health, Inc.
 Form 4
 September 30, 2016

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 *
 Richardson Kevin A II

(Last) (First) (Middle)

100 CUMMINGS CENTER, SUITE 332D

(Street)

BEVERLY, MA 01915

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 SANUWAVE Health, Inc. [SNWV]

3. Date of Earliest Transaction
 (Month/Day/Year)
 10/01/2015

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 (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 Beneficial Ownership (Instr. 4)
				(A) or (D)	Amount		
				Code	V		
					Amount		
					(D)		
					Price		

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.

SEC 1474 (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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8) Code	Disposed of (D)		Date Exercisable	Expiration Date	Title	Am Nur Sha
				V	(A) (D)				
Options	\$ 0.11	10/01/2015	A		452,381	<u>(1)</u>	10/01/2025	Common Stock, \$0.001 par value	45
Options	\$ 0.5	10/01/2015	A		297,619	<u>(2)</u>	10/01/2025	Common Stock, \$0.001 par value	29
Options	\$ 0.5	03/31/2016	D		297,619	<u>(3)</u>	10/01/2025	Common Stock, \$0.001 par value	29
Options	\$ 0.06	03/31/2016	A		297,619	<u>(3)</u>	10/01/2025	Common Stock, \$0.001 par value	29
Options	\$ 0.04	06/16/2016	A		700,000	<u>(4)</u>	06/15/2026	Common Stock, \$0.001 par value	70

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Richardson Kevin A II 100 CUMMINGS CENTER, SUITE 332D BEVERLY, MA 01915	X			

Signatures

/s/ Kevin A.
Richardson, II

09/30/2016

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) This option for 452,381 shares fully vested on October 1, 2015.
- (2) This option for 297,619 shares fully vested on October 1, 2015.

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- (3) This option for 297,619 shares had an adjustment to the exercise price from \$0.50 to \$0.06 per section 4 of the stock option agreement and SEC Registration File No. 333-208676.
- (4) This option for 700,000 shares fully vested on June 16, 2016.

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.