#### SOLITRON DEVICES INC

Form 4

August 03, 2016

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

Expires:

3235-0287

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average

burden hours per

**OMB APPROVAL** 

response...

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

SARAF SH	Symbol	Symbol SOLITRON DEVICES INC [SODI]				Issuer (Check all applicable)			
(Last) 3301 ELEC	(First) (N	(Month/I	3. Date of Earliest Transaction (Month/Day/Year) 08/01/2016				DirectorX 10% Owner Officer (give titleX Other (specify below)		
WEST PAI	(Street)  LM BEACH, FL 3	Filed(Mor	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip) Tab	le I - Non-I	Derivative So	ecuritie	s Acqu	iired, Disposed of	, or Beneficial	ly 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. Securitie or(A) or Disp (Instr. 3, 4	oosed of and 5)  (A) or		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	08/01/2016	08/03/2016	D	331,027	D	\$ 3.91	0	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

### Edgar Filing: SOLITRON DEVICES INC - Form 4

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 onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) or D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 1.05	08/01/2016	08/03/2016	D	35,449	<u>(1)</u>	<u>(2)</u>	Common Stock	35,449	\$
Stock Options (right to buy)	\$ 0.4	08/01/2016	08/03/2016	D	254,624	<u>(1)</u>	<u>(2)</u>	Common Stock	254,624	\$

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
SARAF SHEVACH 3301 ELECTRONICS WAY		X		Former Chairman Pres CEO & CFO		
WEST PALM BEACH, FL 33407						

# **Signatures**

/s/ Shevach
Saraf

\*\*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) These options were fully vested and immediately exercisable.
- (2) These options did not have an expiration date.
- (3) These options were purchased and cancelled by Solitron Devices, Inc. ("Solitron") by mutual agreement of the reporting person and Solitron. The reporting person received an aggregate of \$995,114.38 as consideration for the purchase and cancellation of these options.

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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