SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| С | heck this box if no longer subject to |
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| S | ection 16. Form 4 or Form 5 |
| ol | oligations may continue. See |
| In | struction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPRO | VAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1 I. Name and Address of Reporting Feison | | | 2. Issuer Name and Ticker or Trading Symbol ATOSSA GENETICS INC [ATOS] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--------------------------|--------------|---|-------------------|--|-----------------------|--|--|--|--|
| | | | | | Director | 10% Owner | | | | |
| (Last) C/O ATOSSA | (First) A GENETICS IN | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2014 | | Officer (give title below) | Other (specify below) | | | | |
| 1616 EASTL | AKE AVE. EAS | T. SUITE 510 | | | | | | | | |
| | | -, | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Group Fili | ng (Check Applicable | | | | |
| (Street) | | | | X | Form filed by One Re | porting Person | | | | |
| SEATTLE | WA | 98102 | | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

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) | | Transaction Dispo Code (Instr. 5) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------|--------------------------------------|--------|---|-------|---|---------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

 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. Transa Code (8) | | of Expiration | | Expiration Da | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ies Derivative g Security e Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|-------|---------------------------------------|--|--|---|-----|---|---|--|--|--|
| | | | | Code | v | Dispose of (D) (li 3, 4 and (A) | nstr. | Date Expiration Exercisable Date 1 | | Amount or Number of Title Shares | | | Reported Transaction(s) (Instr. 4) | | | | |
| Stock Option (right to buy) | \$1.22 | 05/06/2014 | | A | | 15,000 | | (1) | 05/06/2024 | Common Stock | 15,000 | \$0 | 15,000 | D | | | |

Explanation of Responses:

1. The option shall vest on a quarterly basis over the next twelve months.

/s/ Stephen J Galli

** Signature of Reporting Person

05/0<u>8/2014</u>

Date

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

 * 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.

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 Number.