## Edgar Filing: RadNet, Inc. - Form 4

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RadNet, Inc.												
Form 4												
September 1	5, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECONTIES AND EXCHANGE COMMISSION							COMMISSION		3235-0287			
Check th	is box		vv as	snington,	shington, D.C. 20549				Number:	January 31,		
if no longer				GES IN BENEFICIAL OWNERSHIP				NEDSHID OF	Expires: 200			
subject to STATEMENT OF CHAIN Section 16.				SECURITIES				Estimated average				
Form 4 o				SLUCK	11120				burden hours per response 0.5			
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securiti	ies Ex	chang	e Act of 1934,	100001100	0.0		
obligation may cont	ns Section	<b>^</b>					•	f 1935 or Sectio	n			
See Instru		30(h)	) of the In	vestment	Company	y Act	of 194	40				
1(b).												
	_ 、											
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to												
1. Name and Address of Reporting Person *2. IssueHAMES NORMAN RSymbol				uer Name <b>and</b> Ticker or Trading				Issuer				
RadNet, Inc. [RD]					NT1							
(Least)	(First)	(Meddla)		· L	-			(Chec	k all applicable	;)		
				. Date of Earliest Transaction Month/Day/Year)				_X_ Director 10% Owner				
				9/15/2015				X Officer (give title Other (specify				
								below) below) Executive Vice President				
(54			4 If Ama	If Amondment Data Original								
				mendment, Date Original Aonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
rned(Mo				onur Dayr (ear)				_X_ Form filed by One Reporting Person				
LOS ANGE	ELES,, CA 900	)25						Form filed by N Person	Iore than One Re	porting		
( <b>C</b> :tw)	(Stata)	(7:n)										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of		2. Transaction Date 2A. Dee		1				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ear) Execution any	on Date, if					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
			Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			,,	Owned	Indirect (I)	Ownership			
			-					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$					
Stock	09/15/2015			S	13,100	D	φ 5.82	668,146	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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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				
HAMES NORMAN R 1510 COTNER AVE. LOS ANGELES,, CA 90025	Х		Executive Vice President					
Signatures								
/s/ Norman R.								
Hames 09/	15/2015							

<u>\*\*</u>Signature of 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).

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.