Edgar Filing: DIMICK NEIL F - Form 4/A

DIMICK NE	EIL F										
Form 4/A April 14, 200)9										
FORM	1 /								PPROVAL		
	UNITED	STATES			ND EXCHA D.C. 20549		COMMISSIO	N OMB Number:	3235-028		
Check the if no long	ter							Expires:	January 3 200		
subject to Section 1 Form 4 o	6. SIAIE N	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated	nated average en hours per			
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> DIMICK NEIL F			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
			Alliance HealthCare Services, Inc [AIQ]			, me	(Check all applicable)				
				. Date of Earliest Transaction Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)				
100 BAYVIEW CIRCLE, SUITE 400			03/31/2009				below)				
Filed(M			Filed(Mo	Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
NEWPORT BEACH, CA 92660			For Person			Form filed by	Form filed by More than One Reporting on				
(City)	(State)	(Zip)	Tab	ole I - Non-De	erivative Secu	irities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Day/Year)		Date, if TransactionA				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V A	(A) or Amount (D)		Transaction(s) (Instr. 3 and 4)				
Reminder: Rep	ort on a separate line	e for each cla	ass of sec	urities benefic	cially owned d	lirectly o	or indirectly.				
					information required to the term of term	on cont o respe	spond to the colle cained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	le II - Deriv	ative Sec	curities Acqu	ired, Dispose	d of, or	Beneficially Owned	1			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) Disposed of (I (Instr. 3, 4, an	red (A) or led of (D)		'Year)	(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	(1)	03/31/2009		А	1,286.764		(1)	(1)	Common Stock	1,286.764

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DIMICK NEIL F 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660	Х						
Signatures							
Eli H. Glovinsky 04/1	4/2009						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The phantom shares are to be settled in common stock upon the reporting person's separation from the Issuer's Board of Directors on a one for one basis for the shares of common stock.
- (2) The phantom stock units were accrued under the Issuer's Directors' Deferred Compensation Plan during the first quarter of 2009 at \$6.80 per phantom share.
- (3) This amendment is filed to accurately reflect the per share price at which the phantom stock units accrued

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.