Edgar Filing: Vizirgianakis Stavros G. - Form 4

Vizirgianakis	s Stavros G.											
Form 4												
September 2:	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							r	OMB APPROVAL				
	UNITEL	JAIL		hington,					OMB Number:	3235-0287		
Check thi				B,	210120				Expires:	January 31,		
if no long		MENT O	F CHAN	GES IN I	GES IN BENEFICIAL OWNERSHIP OF					2005		
Section 16. SECURIT					ITIES	ГIES				Estimated average burden hours per		
Form 4 of							response 0.					
Form 5	They pursuant to section 10(a) of the securities Exchange Act of 1734,											
obligation may cont				•	•	• •		f 1935 or Sectio	n			
See Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type F	Responses)											
1. Name and A	ddress of Reportin	g Person <u>*</u>	2. Issuer	Name and	Ticker or '	Fradin	g	5. Relationship of	f Reporting Per	son(s) to		
Vizirgianaki	is Stavros G.		Symbol					Issuer				
			MISON	IX INC [I	MSON]			(Chao	k all applicable			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			k an applicable)						
			(Month/D	ay/Year)				_X_ Director	_X_ 109	% Owner		
	VIX INC, 1938	NEW	09/21/20	017				X Officer (give below)	e title Other below)	er (specify		
HIGHWAY								· · · · · · · · · · · · · · · · · · ·	ident and CEO			
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filii	1g(Check		
			Ionth/Day/Year)				Applicable Line)					
								_X_Form filed by (
FARMINGI	DALE, NY 117	35						Person	More than One Re	eporung		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	·	on Date, if	Transaction(A) or Disposed of						Indirect		
(Instr. 3)		any (Month/	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	2	(D) or Indirect (I)	Beneficial Ownership		
		(ivioniti	Duj/ I cui)	(111541: 0)	(msu: 5,	i una	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
0				Code V	Amount	(D)	Price	(inclusion of und 1)				
Common Stock	09/21/2017			М	3,750	А	\$ 6.71	1,637,328	D			
Stock							0.71					
Common	09/21/2017			М	3,750	А	\$ 7.2	1,641,078	D			

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

Stock

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 6.71	09/21/2017		М	3,750	05/07/2014	05/07/2023	Common Stock	3,750
Stock Option	\$ 7.2	09/21/2017		М	3,750	02/04/2017	02/04/2026	Common Stock	3,750

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
Vizirgianakis Stavros G. C/O MISONIX INC 1938 NEW HIGHWAY FARMINGDALE, NY 11735	Х	Х	President and CEO					
Signatures								
/s/ Stavros G. Vizirgianakis	09/25/2	017						
<u>**</u> Signature of Reporting	Date							

**Signature of 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.

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