Edgar Filing: SAXTON PAUL F - Form 4

CANTON DALLE

| Form 4 | - | | | | | | | | | | | |
|--|--|---|---|---------------------------------------|--------------|--------|--|--|------------------|---|--|--|
| January 03, 2 FORM | 1 |) STATES | | | | | NGE (| COMMISSION | - | PROVAL 3235-0287 | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATE 5. Filed pu ¹⁵ Section 17 | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| SAXTON PAUL F Symbol | | | Symbol | Name and | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of (Month/D SUITE 350 - 885 DUNSMUIR 01/03/2 | | | | • | ansaction | | | Officer (give title Other (specify below) Define the below) | | | | |
| | | | | ndment, Date Original th/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 | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | Person juired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| Common Shares | 01/03/2012 | | | Code V S | Amount 5,500 | | Price \$ 1.93 | (Instr. 3 and 4) 6,000 | 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)

Edgar Filing: SAXTON PAUL F - Form 4

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transact | 5. tiorNu | mber | 6. Date Exer Expiration D | | | le and unt of | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|-------------------------|--------------------|--|-------|------------------------------|--------------------|--|--|---|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | of De Sec Ac (A) Dis of (In | 1 | | | Underlying Securities (Instr. 3 and 4) | | Security Sec (Instr. 5) Ber Ow Fol Rep Tra | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code N | √ (A |) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | |
|--|----------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| SAXTON PAUL F SUITE 350 - 885 DUNSMUIR VANCOUVER, A1 V6C 1N5 | Х | | | | | |
| Signatures | | | | | | |
| Paul Saxton 01/0 | 03/2012 | | | | | |
| **Signature of I 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).

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.