Edgar Filing: KROMER GEORGE W - Form 4

| KROMER G | EORGE W | | | | | | | | | | |
|--|--|--------------------|--|---|---------------------------------|--|--|--|--|------------------------|--|
| Form 4 | | | | | | | | | | | |
| September 20 | 0, 2012 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICL SECURITIES Filed pursuant to Section 16(a) of the Securities Section 17(a) of the Public Utility Holding Compan 30(h) of the Investment Company A | | | | | | CIAL OWNERSHIP OF Expires: 20 Estimated average burden hours per response 0 tes Exchange Act of 1934, apany Act of 1935 or Section | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| KROMER GEORGE W Syn | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol BOVIE MEDICAL CORP [bvx] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | | | | |
| 734 WALT 207 | WHITMAN RI | D., SUITE | (Month/D 09/06/20 | | | | | X Director Officer (give below) | | o Owner er (specify | |
| | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MELVILLE | E, NY 11747 | | | | | | | Form filed by N Person | Iore than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-E | Derivative | Securi | ities Acc | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Executio any | med n Date, if Day/Year) | Code (Instr. 8) | on(A) or D (D) (Instr. 3, | ispose | d of 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common stock | 09/06/2012 | | | G | 5,000 (1) | D | \$ 2.66 | 256,508 | 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)

| 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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title Amoun Underly Securit (Instr. 3 | nt of ying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title I | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | | 10% Owner | Officer | Other | | | | |
| KROMER GEORGE W 734 WALT WHITMAN RE SUITE 207 MELVILLE, NY 11747 |). X | | | | | | | |
| Signatures | | | | | | | | |
| s/ George Kromer | 09/20/2012 | | | | | | | |
| **Signature of | 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).
- (1) Bona fide gift to one of reporting person's daughters who does not reside with the reporting person nor has resided in the past 17 years.

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.