HESKA CORP Form 4 February 04, 2015

#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

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Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 File obligations may continue. See Instruction

1. Name and Address of Reporting Person \*

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

(Print or Type Responses)

3			Symbol HESK A	Symbol HESKA CORP [HSKA]				Issuer		
(Last) (First) (Middle)								(Check all applicable)		
(Last)	(1.1181)	(Wilduic)	3. Date of Earliest Transaction (Month/Day/Year) Director					Director	100%	Owner
· · · · · · · · · · · · · · · · · · ·			`	· · · · · · · · · · · · · · · · · · ·				Director 10% Owner Specify of the pelow of the pelo		
AVENUE			0210212	02/02/2015						
(Street) 4.			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check		
Filed(Mo				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
LOVELAND, CO 80538				Person Person				tore than One Re	porung	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative (	Securi	ities Acqu	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction De (Month/Day/Yea	r) Execution	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securit n(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/02/2015			M	19,500	A	\$ 8.8	101,561 <u>(1)</u>	D	
Common Stock	02/02/2015			F	12,164	D	\$ 20.35 (2)	89,397 (1)	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 SEC 1474 (9-02)

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# displays a currently valid OMB control number.

5. Number of 6. Date Exercisable and

7. Title and Amor

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 8.8	02/02/2015		M	19,500	03/30/2015	03/30/2015	Common Stock	19

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NAPOLITANO JASON A			Chief				
3760 ROCKY MOUNTAIN AVENUE			Financial				
LOVELAND, CO 80538			Officer				

3. Transaction Date 3A. Deemed

## **Signatures**

/s/ Jason A.

1. Title of

Napolitano 02/04/2015

\*\*Signature of 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).
- (1) Includes one share jointly owned with Robert Grieve
- (2) Mr. Napolitano offered to deliver 12,164 previously owned shares and a check for \$17.44 to fulfill all exercise price and minimum statutory tax withholdig obligations for his stock option exercises referenced herein.
- (3) Mr. Napolitano disclaims beneficial ownership of all securities of the Issuer owned by his wife.

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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