Bartos Scott A

Form 3

FORM 3 UNITED STATES SECURITIES AN Washington, I INITIAL STATEMENT OF BEN SECURI Filed pursuant to Section 16(a) of the Section 17(a) of the Public Utility Holdi					D.C. 20549 NEFICIAL OWNERSHIP OF TIES Securities Exchange Act of 1934			934,	OMB 3235-0 ⁻¹ Number: January Expires: 20 Estimated average burden hours per response		0104	
			0(h) of the Invest		· · ·							
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Bartos Scott A			Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Syn Alliance HealthCare Services, Inc							
(Last)	(First)	(Middle)	12/31/2012		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
100 BAYVI CIRCLE, S		0				all applicable)	T neu(iv	ionali Dayr i ca	.)		
NEWDODE	(Street)				X Director Officer (give title below	Othe		Filing(0	vidual or Join Check Applical m filed by One	ble Line)	g	
NEWPORT BEACH, C	CAÂ 9266	0							m filed by Mor 1g Person	e than One	5	
(City)	(State)	(Zip)	Tab	le I - N	on-Derivat	ive Securit	ies Be	eneficia	lly Owned			
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Own	Nature of Indirect Beneficial wnership nstr. 5)				
Reminder: Repo owned directly	-		ach class of securities	benefici	ally S	EC 1473 (7-0	2)					
	infor requ	mation contaired to respo	pond to the collec ained in this form and unless the forn MB control numbe	are not m displa								
Т	able II - De	erivative Secu	rities Beneficially O	wned (e.	g., puts, calls,	warrants, op	otions, o	convertil	ole securities)		
1. Title of Deriv (Instr. 4)	vative Secur	Expi	ate Exercisable and ration Date v/Day/Year)	Securiti	and Amount of es Underlying ive Security	f 4. Convers or Exerc		wnership	6. Nature Beneficia (Instr. 5)	al Owners		

Derivative Security

Amount or

Number of

Shares

(Instr. 4)

Expiration Title

Date

Exercisable Date

or Exercise

Derivative

Price of

Security

Form of

Derivative Security:

Direct (D)

or Indirect

(I)

(Instr. 5)

(Instr. 5)

Reporting Owners

Reporting Owner Name /	Relationships						
		Director	10% Owner	Officer	Other		
Bartos Scott A 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, C.	AÂ 92660	ÂX	Â	Â	Â		
Signatures							
Leigh Ann Clifford	01/03/201	2					
**Signature of Reporting Person	Date						
Explanation of	Doop	2000	. .				

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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.