

CHOICEONE FINANCIAL SERVICES INC
 Form 4
 November 20, 2015

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
BRAFORD LEE A

2. Issuer Name and Ticker or Trading Symbol
CHOICEONE FINANCIAL SERVICES INC [(NONE)]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
109 EAST DIVISION
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
08/03/2015

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Sr. V.P. ChoiceOne Bank (Sub.)

SPARTA, MI 49345
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
			Code	V	Amount	(D)	Price
Common Stock ⁽¹⁾	08/03/2015		F		61.5	D	\$ 22.75
Common Stock	11/18/2015		M		500	A	\$ 18.85
Common Stock	11/18/2015		F		386.746	D	\$ 24.37
Common Stock							125.543
						I	401(k) Plan

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

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities 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)	8. P	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 18.85	11/18/2015		M	125	01/18/2006 01/17/2016	Common	125	
Stock Option (Right to Buy)	\$ 18.85	11/18/2015		M	125	01/18/2007 01/17/2016	Common	125	
Stock Option (Right to Buy)	\$ 18.85	11/18/2015		M	125	01/18/2008 01/17/2016	Common	125	
Stock Option (Right to Buy)	\$ 18.85	11/18/2015		M	125	01/18/2009 01/17/2016	Common	125	

Reporting Owners

Reporting Owner Name / Address	Relationships
BRAFORD LEE A 109 EAST DIVISION SPARTA, MI 49345	Director 10% Owner Officer Sr. V.P. ChoiceOne Bank (Sub.)

Signatures

/s/ Thomas L. Lampen, by Power of
Attorney

11/20/2015

__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) Shares forfeited upon conversion of stock units granted on August 1, 2014 to common stock.
- (2) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2014.
- (3) Column 5 reflects the acquisition of 28.8051 shares under the ChoiceOne Financial Services, Inc. Employee Stock Purchase Plan and 18.9212 shares from the reinvestment of cash dividends.
- (4) Correction of 52 certificate shares added in twice on the 4/15/15 filing.

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.