Edgar Filing: BSD MEDICAL CORP - Form 4

BSD MEDICAL CORP Form 4 May 05, 2009							
FORM 4 UNITED STATE			OMB APPROVAL				
UNITED STATE	SECURITIES AND EXCHAN Washington, D.C. 20549	NGE COMMISSION	OMB 3235-0287 Number:				
Check this box if no longer			Expires: January 31,				
subject to Section 16.	Estimated average burden hours per						
Form 4 or Form 5 Filed pursuant to							
obligations may continue Section 17(a) of the	Section 16(a) of the Securities Ex Public Utility Holding Company of the Investment Company Act	Act of 1935 or Section	1				
(Print or Type Responses)							
1. Name and Address of Reporting Person <u>*</u> STEWART STEVEN G	2. Issuer Name and Ticker or Tradin Symbol BSD MEDICAL CORP [BSDN	Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)							
10653 SOUTH RIVER FRONT PARKWAY, SUITE 300	(Month/Day/Year) 05/01/2009	X Director Officer (give below)	title 10% Owner Other (specify below)				
(Street)	4. If Amendment, Date Original	6. Individual or Jo	int/Group Filing(Check				
SOUTH JORDAN, UT 84095	Applicable Line) _X_ Form filed by C	y One Reporting Person y More than One Reporting					
500 III JORDAN, 01 84095		Person					
(City) (State) (Zip)	Table I - Non-Derivative Securi	ties Acquired, Disposed of	, or Beneficially Owned				
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dec Executi any (Month	on Date, if TransactionAcquired (A) o Code Disposed of (D /Day/Year) (Instr. 8) (Instr. 3, 4 and (A) or	r Securities 1) Beneficially (5) Owned 1 Following (Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)				
Common Stock 05/01/2009	Code V Amount (D) A 5,640 A	Price (110410 4110 1) \$ 2.4 12,270	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)	4. Transactio Code (Instr. 8)	 6. Date Exerci 6. Date Exerci 6. Date Exerci 6. Date Exerci 7. Expiration Da 7. (Month/Day/Y) 7. Derivative 7. Securities 7. Acquired 7. (A) or 7. Disposed 7. (Instr. 3, 7. (A) and 5) 		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other STEWART STEVEN G 10653 SOUTH RIVER FRONT PARKWAY Х SUITE 300 SOUTH JORDAN, UT 84095 Signatures Steven G 05/05/2009 Stewart 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).

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.