Edgar Filing: OLSON ROBERT F - Form 4

OLSON ROE	BERT F									
Form 4										
May 23, 2013	3									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287 January 31,		
Check this					Expires:					
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH					NERSHIP OF	Estimated average burden hours per			
Section 16		SECURITIES								
Form 4 or Form 5								. 0.5		
obligation		uant to Section 1				-				
may conti) of the Public Ut	•	· ·	. •		n			
See Instru	ction	30(h) of the In	vestment C	ompany	Act of 19	40				
1(b).										
(Print or Type R	esponses)									
1. Name and Ac		2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
OLSON RO	Symbol				155001					
		RIMAG	RIMAGE CORP [RIMG]				(Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date			ate of Earliest Transaction						
0.605 334 767		(Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify					
9625 W 76T	HSIREEI	05/21/20	013			below)	below)	ier (speerry		
(Street)		4. If Ame	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Filed(Mor	th/Day/Year)			Applicable Line)				
						X Form filed by	One Reporting Po More than One Ro			
EDEN PRAI	RIE, MN 55344					Person		eporting		
(City)	(State) (Z	Zip) Tabl	e I - Non-Der	ivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transaction	-		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)		Disposed (Instr. 3, 4		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wolldin Day Tear)	(11150.0)	(msu. <i>3</i> , -	+ allu J)	Following	(Instr. 4)	(Instr. 4)		
					(A)	Reported				
					(A) or	Transaction(s)				
			Code V	Amount	(D) Price	(Instr. 3 and 4)				
Common						13,500	D			
Stock						13,500				

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Code	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Da (Month/Day/	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	05/21/2013	А	5,000	(2)	(2)	$\frac{\text{Common}}{\text{Stock } \underline{^{(3)}}}$	5,000	\$

Reporting Owners

Reporting Owner Name / Address		Relationsh					
1	Director	10% Owner	Officer	Other			
OLSON ROBERT F 9625 W 76TH STREET EDEN PRAIRIE, MN 55344	Х						
Signatures							
Getey M. Ritchott, Attorney-in Olson	Robert F.	05/23/2013					
**Signature of Reporting			Date				
Evaluation of Doononooo							

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) Each restricted stock unit represents the contingent right to receive one share of Rimage stock.
- (2) Restrictions lapse on the first business day prior to the 2014 Annual Meeting of Shareholders provided the director continues to provide services to Rimage on that date, subject to certain exceptions.
- (3) The reporting person has elected to defer the maturity of 100% of the shares to the first January 1 following the date of separation from service with Rimage.

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.