## Edgar Filing: SCHLAGER RICHARD J - Form 4

SCHLAGER	RICHARD J										
Form 4											
August 10, 2	012										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
	Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check thi if no long								Expires:	Expires: January 31, 2005		
subject to Section 1	subject to STATEMENT OF C Section 16.				BENEFI ITIES	NERSHIP OF	Estimated average burden hours per				
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response		
obligation	<sup>18</sup> Section $17(s$						-	<sup>2</sup> 1935 or Section	n		
may conti <i>See</i> Instru 1(b).	inue.			vestment	•	· ·					
1(0).											
(Print or Type R	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
	•	S INC [A]	DES]			(Check all applicable)					
(Last)	(First) (M	Aiddle)	3. Date of	Earliest Tra	ansaction			(Check	к ап аррпсавіе	)	
				th/Day/Year)				Director 10% Owner			
9135 S. RIDGELINE BLVD., SUITE 200, C/O ADA-ES, INC.			08/08/2012					X Officer (give below)	title Other (specify below) VP		
			4. If Ame	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	nth/Day/Year)	)			Applicable Line) _X_ Form filed by One Reporting Person			
HIGHLANI	OS RANCH, CO	80129						_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		ned	3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	any	Execution Date, if any (Month/Day/Year)		(Instr. 3,	~		Beneficially Owned Following	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)			
Common Stock	08/08/2012			А	128 <u>(1)</u>	А	φ 21.94 (2)	31,462 <u>(3)</u>	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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8)	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration E (Month/Day e			le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	V (A) (D)	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 SCHLAGER RICHARD J 9135 S. RIDGELINE BLVD., SUITE 200 VP C/O ADA-ES, INC. HIGHLANDS RANCH, CO 80129 Signatures Richard J.

08/10/2012 Schlager

\*\*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 issued directly to the reporting person's qualified pension plan.
- (2) Price equals the fair market value of the shares on the date of authorization.
- (3) Of the amount shown, 19,064 shares are held in the qualified pension plan account of the reporting person.

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.