

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

SIMULATIONS PLUS INC

Form: 4

Date Filed: 2019-07-26

Corporate Issuer CIK: 1023459

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

(Print or Type Responses)

1. Name and Address of Reporting Person WOLTOSZ WALTER S		2. Issuer Name and Ticker or Trading Symbol SIMULATIONS PLUS INC [SLP]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
42505 10TH ST. WEST		3. Date of Earliest Transaction (Month/Day/Year) 07/26/2019			
LANCASTER, CA 93534		4. If Amendment, Date Original Filed (Month/Day/Year)		6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> 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	(A) or (D)	Price			
Simulations Plus, Inc. common stock	07/26/2019		D		24,000	A	\$ 38.55	5,135,583	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. SEC 1474 (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. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WOLTOSZ WALTER S 42505 10TH ST. WEST LANCASTER, CA 93534	X	X		
WOLTOSZ VIRGINIA E 42505 10TH STREET WEST LANCASTER, CA 93534		X		

Signatures

Walter S Woltosz		07/26/2019
<small>Signature of Reporting Person</small>		<small>Date</small>
Virginia E Woltosz		07/26/2019
<small>Signature of Reporting Person</small>		<small>Date</small>

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).

Remarks:

Automatic sales under 10b5-1 program.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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(Print or Type Responses)

1. Name and Address of Reporting Person WOLTOSZ WALTER S <small>(Last) (First) (Middle)</small>		2. Issuer Name and Ticker or Trading Symbol SIMULATIONS PLUS INC [SLP]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
42505 10TH ST. WEST <small>(Street)</small>		3. Date of Earliest Transaction (Month/Day/Year) 07/26/2019			
LANCASTER, CA 93534 <small>(City) (State) (Zip)</small>		4. If Amendment, Date Original Filed (Month/Day/Year)		6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

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				Code	V		(A)	(D)					

Reporting Owners

Reporting Owner Name / Address	Relationships			
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WOLTOSZ WALTER S 42505 10TH ST. WEST LANCASTER, CA 93534	X	X		
WOLTOSZ VIRGINIA E 42505 10TH STREET WEST LANCASTER, CA 93534		X		

Signatures

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Virginia E Woltosz <small>Signature of Reporting Person</small>		07/26/2019 <small>Date</small>

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