#### **CLEARSIGN COMBUSTION CORP**

Form 5 April 01, 2015

#### FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Estimated average Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1. Name and Address of Reporting Person * Ruiz Roberto			2. Issuer Name and Ticker or Trading Symbol CLEARSIGN COMBUSTION CORP [CLIR]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)  12870 INTE SOUTH	(First) RURBAN A	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014	Director 10% Owner Selfow) Other (specify below)  Sr VP - Product Development		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting  (check applicable line)		
SEATTLE,Â	WAÂ 9816	58		_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acc	quired, Disposed of, or Beneficially Owned		

							-
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	Acquired (A) or	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned at end	Indirect (I)	Ownership
					of Issuer's	(Instr. 4)	(Instr. 4)
				(A)	Fiscal Year		
				or	(Instr. 3 and 4)		
				Amount (D) Price	()		

Reminder: Report on a separate line for each class of Persons who respond to the collection of information securities beneficially owned directly or indirectly. 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	<b>Underlying Securities</b>

**SEC 2270** 

(9-02)

**OMB APPROVAL** 

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option to purchase common stock	\$ 9.9	02/13/2014	Â	A4	11,500	Â	(1)	12/31/2023	Common Stock	11,500

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>Fg</b>	Director	10% Owner	Officer	Other		
Ruiz Roberto 12870 INTERURBAN AVENUE SOUTH SEATTLE, WA 98168	Â	Â	Sr VP - Product Development	Â		

### **Signatures**

/s/ Roberto Ruiz 04/01/2015

\*\*Signature of Person Date

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).
- (1) The right to purchase the option shares vests at the rate of 6.25% commencing on April 1, 2014 and on each quarterly (3-month) anniversary until the right to purchase all of the option shares has vested on January 1, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2