

CYALUME TECHNOLOGIES HOLDINGS, INC.

Reported by **NEDIVI ZIVI R**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/08/17 for the Period Ending 09/08/17

Address 96 WINDSOR STREET,

WEST SPRINGFIELD, MA, 01089

Telephone (413) 858-2500

CIK 0001335293

Symbol CYLU

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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

| 1. Name and Address of Reporting Person * | | ici iva | me and rice | ker or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|---------|--|-----------------------|-----------------------------------|-----------------|--|---|---|--|---|--|
| NEDIVI ZIVI R | Cyal CYL | | Technolo | gies Ho | oldings, | X Director | , | 1 | 0% Owner | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | Y) | X Officer (give title below) Other (specify below) Chief Executive Officer | | | | | |
| C/O CYALUME TECHNOLOGIES HOLDINGS, INC., 910 SE 17TH STREET, SUITE 300 | | | 9/ | 8/2017 | | | | | | | | |
| (Street) | 4. If Amendment, Date Original Filed (MM/DD/YY | | | | | DD/YYYY) | 6. Individual c | or Joint/G | roup Filing (| Check Appl | icable Line) | |
| FORT LAUDERDALE, FL 33316 (City) (State) (Zip) | | | | | | | | by One Reporting Person y More than One Reporting Person | | | | |
| Table I - Non- | Deriva | tive S | ecurities A | cquired, l | Disposed o | of, or Beno | eficially Owne | ed | | | | |
| 1.Title of Security (Instr. 3) | Date 2A. Deemed Execution Date, if any Code 23. Trans. Co (Instr. 8) | | | or I | risposed of (E tr. 3, 4 and 5) | Pol (In | Amount of Securiti llowing Reported T str. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Table II - Derivative Securit | ies Ben | neficia | lly Owned (| (<i>e.g.</i> , pu | ts, calls, w | arrants, o | options, conve | rtible sec | urities) | | | |
| (Instr. 3) or Exercise Price of Derivative Date, if any (Instr | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned | Ownership of Form of Derivative C Security: (1) | Beneficial | |
| Security | de V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Following Reported Transactio (Instr. 4) | | Direct (D) or Indirect) (I) (Instr. 4) | | |
| Stock Option (right to buy) \$0.09 9/8/2017 D | | | 5015891 | 2/15/2015 | 11/21/2024 | Common Stock | 5015891 | <u>(1)</u> | 0 | D | | |

Explanation of Responses:

(1) This option was cancelled in the merger effected pursuant to the Agreement and Plan of Merger, dated as of August 8, 2017 (the "Merger Agreement"), among the Issuer, CPS Performance Materials Merger Sub Corp. and CPS Performance Materials Corp., in exchange for a cash payment of \$621,154, representing the difference between the per share exercise price of the option and the Common Per Share Merger Consideration (as such term is defined in the Merger Agreement) of \$0.213837 per share.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| NEDIVI ZIVI R C/O CYALUME TECHNOLOGIES HOLDINGS, INC. 910 SE 17TH STREET, SUITE 300 FORT LAUDERDALE, FL 33316 | X | | Chief Executive Officer | • | | |

Signatures

/s/ Zivi Nedivi 9/8/2017

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

| 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. |
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