## Edgar Filing: MAGNEGAS CORP - Form 4

MACNECACODI

| Form 4   |   |            |   |   |               |  |  |   |                  |          |  |
|--|---|------------|---|---|---------------|--|--|---|------------------|----------|--|
| March 25, 20   |   |            |   |   |               |  |  |   | OMB A            | PPROVAL  |  |
|  | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO<br>Washington, D.C. 20549 |            |   |   |               |  | COMMISSION   | OMB<br>Number:  | 3235-0287        |          |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o  | F CHANGES IN BENEFICIAL OWNERSHIP O<br>SECURITIES                         |            |   |   |               |  | Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5 |   |                  |          |  |
| Form 5<br>obligations<br>may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940 |   |            |   |   |               |  |  |   |                  |          |  |
| (Print or Type I   | Responses)  |            |   |   |               |  |  |   |                  |          |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Pollack Kevin  |   |            | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>MAGNEGAS CORP [MNGA] |   |               |  |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |                  |          |  |
| (Last) (First) (Middle) 150 RAINVILLE ROAD   |   |            | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>03/20/2015             |   |               |  |  | XDirector10% Owner<br>Officer (give titleOther (specify<br>below) below)  |                  |          |  |
|  |   |            |   | . If Amendment, Date Original<br>iled(Month/Day/Year) |               |  |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                  |          |  |
| TARPON S   | PRINGS, FL 346  | 89         |   |   |               |  |  | Person  | lore than One Re | porting  |  |
| (City)   | (State)   | (Zip)      | Table   | e I - Non-D   | erivative S   | Securit  | ties Acq   | uired, Disposed of  | , or Beneficial  | ly Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date<br>any<br>(Month/Day/Year)   |   | n Date, if | Code (Instr. 3, 4 and 5)  |   |               | Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)       |   |                  |          |  |
| ~  |   |            |   | Code V  | Amount        | or   | Price  | Transaction(s) (Instr. 3 and 4)   |                  |          |  |
| Common<br>Stock, par<br>value<br>\$0.001 per<br>share  | 03/20/2015  |            |   | A   | 13,947<br>(1) | A  | \$<br>0.72   | 114,972   | 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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 3                   | Date               | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                 | Relationships<br>dress |           |         |       |  |  |  |  |  |
|--|------------------------|-----------|---------|-------|--|--|--|--|--|
|  | Director               | 10% Owner | Officer | Other |  |  |  |  |  |
| Pollack Kevin<br>150 RAINVILLE ROAD<br>TARPON SPRINGS, FL 3468 | X<br>9                 |           |         |       |  |  |  |  |  |
| Signatures   |                        |           |         |       |  |  |  |  |  |
| /s/ Kevin 0.<br>Pollack 0.                                     | 03/25/2015             |           |         |       |  |  |  |  |  |
| <u>**</u> Signature of<br>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).

The reporting person is hereby disclosing a delinquent Form 4. Acquired pursuant to an award under the MagneGas Corporation 2014
 (1) Equity Incentive Award Plan for his services rendered as a member of the Board of Directors for the period of November 16, 2014 through February 15, 2015.

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.