SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 Add		Ferson [2. Date of Event Requiring Staten Month/Day/Year 04/16/2019	nent	3. Issuer Name and Ticker or Trading Symbol CLEARONE INC [CLRO]						
(Last) (First) (Middle) 5225 WILEY POST WAY, SUITE 500					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SALT LAKE CITY	UT	84116				Officer (give title below)	Other (spe below)	App	licable Line) K Form filed b	l/Group Filing (Check y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				. Nature of Indirect Beneficial Ownership nstr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Securi			4. Conversion or Exercise	Form:	(Instr. 5)	
Explanation of Re			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

No securities are beneficially owned.

<u>/s/ Bruce Whaley</u>

04/24/2019 son Date

** Signature of Reporting Person

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 5 (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 Number.