

SOLITRON DEVICES INC
Form 3
August 13, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Å Eriksen Howard Timothy		(Month/Day/Year)	SOLITRON DEVICES INC [SODI]	
(Last)	(First)	(Middle)	08/05/2015	
567 WILDROSE CIRCLE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
LYNDEN, Å WA Å 98264			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			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 Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,300 ⁽¹⁾	D	Å
Common Stock	152,322 ⁽²⁾	I	See footnote ⁽³⁾

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

SEC 1473 (7-02)

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.

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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Eriksen Howard Timothy 567 WILDROSE CIRCLE LYNDEN, WA 98264	X			
ERIKSEN CAPITAL MANAGEMENT LLC 567 WILDROSE CIRCLE LYNDEN, WA 98264				Shareholder
CEDAR CREEK PARTNERS LLC 567 WILDROSE CIRCLE LYNDEN, WA 98264				Shareholder

Signatures

/s/ Tim Eriksen	08/11/2015
__Signature of Reporting Person	Date
/s/ Tim Eriksen as Managing Member of Eriksen Capital Management LLC	08/11/2015
__Signature of Reporting Person	Date
/s/ Tim Eriksen as Managing Member of Cedar Creek Partners LLC	08/11/2015
__Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) These securities are owned solely by Tim Eriksen ("Mr. Eriksen").
- (2) Represents 135,322 shares owned by Cedar Creek Partners LLC, an investment partnership, for which Eriksen Capital Management LLC ("ECM") is Managing Member, and 17,000 shares owned by managed accounts of ECM, who are also responsible to vote the shares.
This Form 3 is filed jointly by ECM, Cedar Creek Partners LLC, and Mr. Eriksen. By virtue of ECM's Investment Advisory Agreement
- (3) with the clients of ECM, Mr. Eriksen may be deemed to beneficially own the Shares owned by Cedar Creek Partners and the managed accounts.

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.