Enservco Corp Form 3 January 02, 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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement Enservco Corp [ENSV] **CROSS RIVER CAPITAL** (Month/Day/Year) 01/01/2015 MANAGEMENT LLC (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 456 MAIN STREET, 2ND (Check all applicable) FLOOR.Â (Street) 6. Individual or Joint/Group __X__ 10% Owner Director Officer Other Filing(Check Applicable Line) (give title below) (specify below) Form filed by One Reporting Person RIDGEFIELD. CTÂ 06877 _X_ Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) $D^{(1)}$ Â Common Stock, \$0.005 par value 5,183,117 Common Stock, \$0.005 par value 5,183,117 Ι See Footnote (2) $D^{(3)}$ Â Common Stock, \$0.005 par value 73,900 Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

Conversion or Exercise Price of Derivative Security

Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

Expiration Title Date

Amount or Number of Shares

Direct (D) or Indirect (I) (Instr. 5)

Security:

Reporting Owners

Reporting Owner Name / Address		Relationships			
		10% Owner	Officer	Other	
CROSS RIVER CAPITAL MANAGEMENT LLC 456 MAIN STREET, 2ND FLOOR RIDGEFIELD, CT 06877	Â	ÂX	Â	Â	
Cross River Partners LP C/O CROSS RIVER MANAGEMENT LLC 456 MAIN STREET, 2ND FLOOR RIDGEFIELD, CT 06877	Â	ÂX	Â	Â	
MURPHY RICHARD C/O CROSS RIVER CAPITAL MANAGEMENT LLC 90 GROVE STREET, SUITE 201 RIDGEFIELD, CT 06877	Â	ÂX	Â	Â	

Signatures

Cross River Capital Management LLC, By: /s/ Richard Murphy, Managing Member		01/02/2015
	**Signature of Reporting Person	Date
Cross River Partners LP, By: /s/ Richard Murphy, Managing Member of Cross River Capital Management LLC, its General Partner		01/02/2015
	**Signature of Reporting Person	Date
/s/ Richard Murphy		01/02/2015
	**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)** The reported securities are directly owned by Cross River Partners LP.
- The reported securities are directly owned by Cross River Partners LP a limited partnership managed by Cross River Capital Management LLC, and may be deemed indirectly beneficially owned by Cross River Capital Management LLC as the investment **(2)** manager of Cross River Partners LP. The reported securities may also be deemed indirectly beneficially owned by Richard Murphy as Managing Member of Cross River Capital Management LLC.
- (3) The reported securities are directly owned by Richard Murphy, who is a Reporting Person.

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Remarks:

Reporting Owners 2

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The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent o 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.