Edgar Filing: DEL TORO SILVER CORP. - Form 4

| DEL TORO Form 4 | SILVER CORP. | | | | | | | | |
|---|--|-----------------|--|--|------------------|-----------------|--|--|--|
| January 15, FORN Check th | 4 UNITED | STATES SEC V | URITIES A Vashington | | | NGE C | OMMISSION | OMB AI OMB Number: | PPROVAL 3235-0287 |
| if no lon subject t Section Form 4 of Form 5 obligatio may con <i>See</i> Instr 1(b). | BENEFIC RITIES ne Securitie Iding Company | es Ex pany | change Act of | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | | | | |
| 1. Name and A Fagen Patri | Address of Reporting ck | Symb | TORO SIL | | | 0 | 5. Relationship of I Issuer (Check | Reporting Pers | |
| (Last) 320 NORT | (First) (| (Mont | te of Earliest T th/Day/Year) 2/2016 | ransaction | | | X Director X Officer (give below) Chief F | | o Owner er (specify er |
| CARSON (| (Street) CITY, NV 89710 | Filed(| Amendment, D Month/Day/Yea | - | | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person | ne Reporting Pe | erson |
| (City) | (State) | (Zip) T | able I - Non- | Derivative S | ecurit | | ired, Disposed of, | or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. if Transactio Code | 4. Securitie oror Disposed (Instr. 3, 4 a | s Acq l of (E | uired (A) D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial |
| Common Shares | | | | | | | 5,492,727 | D | |
| Common Shares | | | | | | | 365,000 | Ι | Grant Fagen Custodial Account |
| Common Shares | | | | | | | 1,425,000 | I | Patrick Fagen IRA Account |
| Common Shares | 01/12/2016 | | Р | 500,000 | А | \$ 0.004 | 1,925,000 | Ι | Patrick Fagen IRA |

<u>**</u>Signature of Reporting Person

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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.

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. P Der Sec (Ins |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|---|----------------------------------|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Options | \$ 0.1 | | | | | 09/12/2012 | 09/12/2017 | Common Shares | 200,000 | |
| Stock Options | \$ 0.15 | | | | | 03/12/2013 | 09/12/2017 | Common Shares | 200,000 | |
| Stock Options | \$ 0.15 | | | | | 09/12/2013 | 09/12/2017 | Common Shares | 200,000 | |
| Stock Options | \$ 0.2 | | | | | 03/12/2014 | 09/12/2017 | Common Shares | 150,000 | |

Reporting Owners

| Reporting Owner Name / Add | ress | Relationships | | | | | | |
|--|------------|---------------|-------------------------|-------|--|--|--|--|
| Reporting O when runne / run | Director | 10% Owner | Officer | Other | | | | |
| Fagen Patrick 320 NORTH CARSON STR CARSON CITY, NV 89710 | | | Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Patrick Fagen | 01/15/2016 | | | | | | | |

Date

Account

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).

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.