FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person * CENTOFANTI LOUIS F				2. Issuer Name and Ticker or Trading Symbol PERMA FIX ENVIRONMENTAL SERVICES INC [pesi]							CES _	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
(Size of the control				3. Date of Earliest Transaction (Month/Day/Year) 09/26/2019									EVFOR	Strategic IIII	iatives			
(Street) ATLANTA, GA 30350				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)			(A) or Disposed (Instr. 3, 4 and 5		Owned Follo Transaction(s (Instr. 3 and		owing Reported s)		Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							C	ode	V .	Amount	(A) or (D)	Price				(I) (Instr. 4)		
Common Stock 09/26/2019			09/26/2019				P		300	A	\$ 4.55	165,525			D			
Common Stock 09			09/30/2019				P			200	A	\$ 4.56	65,725			D		
Common Stock											6	2,800			I	Sp	ouse	
			Table II -					quired	ontai orm d	ned in t lisplays	this for a curr	rm are no rently vali	t required id OMB co	of informa to respon entrol num	d unless th		C 147	4 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conversion of Exercise Price of Derivative Security		xercise (Month/Day/Year) any (Month/Day vative		(e.g., puts, calls, wa 4. 5. f Transaction Numi Code of (lnstr. 8) Deriv Secur Acqu (A) o Dispy of (D (Instr. 4, and		6. Date E Expiratio (Month/I vative rities uired or osed o)) r. 3,		te Exe	exercisable and		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Deriv Secur Direct or Indi (s) (I)	vnership rm of erivative curity: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	cisable	Expirate Date	tion	Title	Amount or Number of Shares					
Stock Option	\$ 3.15							اِ	(1)	01/17	/2025	Commo Stock	n 15,000		15,000	Ι)	
Stock Option	\$ 3.65							1	(2)	07/27	/2023	Commo Stock	n 50,000		50,000	Γ)	

Reporting Owners

D	Reporting Owner Name / Address		Relationships							
Керо			10% Owner	Officer	Other					
8302 DI SUITE	PFANTI LOUIS F UNWOODY PLACE 250 VTA, GA 30350	X		EVP of Strategic Initiatives						

Signatures

/s/Lou Centofanti	10/01/2019
**Signature of 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).
- (1) Incentive Stock Option granted 01/17/2019 under the Company's 2017 Stock Option Plan. The Option is for a 6 year period and vests over a 5 year period, at 1/5 increment per year.
- (2) Incentive Stock Option granted 07/27/2017 under the Company's 2017 Stock Option Plan. The Option is for a 6 year period and vests over a 5 year period, at 1/5 increment per year.

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.