## 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).

#### 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

(Print or Ty	pe Response	s)														
Name and Address of Reporting Person   Cochran Stanley Robert				2. Issuer Name and Ticker or Trading Symbol PERMA FIX ENVIRONMENTAL SERVICES INC [PESI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director				
(Last) (First) (Middle) 8302 DUNWOODY PLACE, SUITE 250				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2019												
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person				
ATLAN'	ΓA,, GA 3	(State)	(Zip)												-	
				ı			1		rivative	Securiti		*		eficially Ow	ned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			Date	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Inst		(A) or I	A) or Disposed of (D) Instr. 3, 4 and 5)		5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)		ted	Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Wollan Day/ Tear)			ode V	Amoun	(A) or (D)		msu. 3 and	<del>"</del> )		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock			10/01/2019				A	4	2,643	A	\$ 3.405	34,269			D	
Security	Conversion or Exercise		3A. Deemed Execution Date, if	4. Transa Code	ts, ca	5. Num of	arran iber	6. Date Ex Expiration (Month/D	convert ercisabl Date	tible secu	7. Title a of Under Securitie	nd Amount lying s	Derivative Security	Derivative Securities	Owners Form of	hip of Indirect Beneficia
Derivative	Conversion	rsion Date (Month/Day/Year) if tive	3A. Deemed Execution Date, if	(e.g., puts, calls  4. Transaction 1 Code (Instr. 8)  (1) (1) (1) (1) (1) (1) (1) (1) (1) (		5. Num of Deri	arrant aber vative	Expiration Date of Unit (Month/Day/Year) Secur (Instr.			7. Title a	e and Amount 8. Priderlying Derivities Secur			Owners Form of Derivati Security Direct (	Beneficia Ownershi (Instr. 4)
						(A) of Disp of (E) (Inst. 4, an	osed O) r. 3,							Reported Transaction(s (Instr. 4)	or Indir (I) (Instr. 4	
				Code	· V	(A)	(D)	Date Exercisab		ration	Title	Amount or Number of Shares				
Stock Option	\$ 3.795							(1)	01/1	3/2027	Commo	1 6.000		6,000	D	
Stock Option	\$ 3.55							(2)	07/2	27/2027	Commo			2,400	D	
Stock Option	\$ 4.3							(3)	07/2	26/2028	Commo			2,400	D	
Stock Option	\$ 3.31							<u>(4)</u>	07/2	25/2029	Commo			2,400	D	

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Cochran Stanley Robert 8302 DUNWOODY PLACE, SUITE 250 ATLANTA,, GA 30350	X						

#### **Signatures**

/s/ Stanley R. Cochran	10/02/2019		
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) Non-Qualified Stock Option granted 01/13/17 under the Company's 2003 Outside Directors Stock Plan. The Options vest fully six months from date of grant.
- (2) Non-Qualified Stock Option granted 07/27/17 under the Company's 2003 Outside Directors Stock Plan. The Options vest fully six months from date of grant.
- (3) Non-Qualified Stock Option granted 07/26/18 under the Company's 2003 Outside Directors Stock Plan. The Options vest fully six months from date of grant.
- (4) Non-Qualified Stock Option granted 07/25/19 under the Company's 2003 Outside Directors Stock Plan. The Options vest fully six months from date of grant.

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.