FORM 4 Check this box if no

longer subject to

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

TATEMENT OF	CHANGES IN	BENEFICIAL (OWNERSHIP	OF

OMB APPROVAL
OMB 3235Number: 0287
Expires: November 30, 2011
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Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Secur
Section 17(a) of the Public Utility Holdin

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

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1. Name and Address of Reporting Person – RECTOR DAVID			Issuer Name and Ticker or Trading Symbol American Strategic Minerals Corp					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
		-					1								
			[ASMC]	Strategr	C IVII	nerais ex	лр	-	_X Director Officer (give	title		0% Owner ther (specify	pelow)		
(Last)		irst) (Middle	3. Date of I	arliest Tra	ansac	tion		b	elow)				_		
1640 TE.	RRACE V	VAY	(Month/Da 11/16/201												
	(St	reet)	4. If Amen		te Or	iginal			. Individual or	Joint/0	Group F	ling(Check			
WALNU	T CREEI	K, CA 85120	Filed(Month	Day/Year)					applicable Line) X_ Form filed by 0 Form filed by 1						
(City)	(S	tate) (Zip)	Table I	- Non-De	rivat	ive Securi	ties A	Acquir	ed, Disposed	of, or l	Benefici	ally Owne	d		
1.Title of S	Security	2. Transaction	2A. Deemed	3.		4. Securiti	ies		5. Amount of		6.	7. Na	ture		
(Instr. 3)		Date	Execution Date, in		tion	Acquired			Securities			ship of Inc			
	1	(Month/Day/Year)	any (Month/Day/Year	Code (Instr. 8	6	Disposed (Instr. 3, 4			Beneficially O Following Re		Form: Direct	(D) Bene			
			(ĺ	(33.12)	(A)		Transaction(s))	or Indi				
							or		(Instr. 3 and 4)	(I) (Instr. 4	1)			
				Code	V	Amount	(D)	Price			(IIISU.	+)			
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directly or		separate line for ea	ich class of securi	ies benem	стапу 	owned									
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					re	quired to	res	ntaine	d in this form	n are i rm di	not				
		Table II - I	Perivative Securit	ies Acqui	cu	quired to rrently v	resp alid	ntaine pond u OMB (d in this form unless the fo control numb	n are i rm dis per.	not				
			Perivative Securit	-	red,	quired to rrently v Disposed	respalid	ntaine pond u OMB o	d in this form unless the fo control numb ficially Owned	n are i rm dis per.	not				
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Reporting Owners

Donouting Own or Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
RECTOR DAVID						
1640 TERRACE WAY	X					
WALNUT CREEK, CA 85120						

Signatures

/s/ David Rector	11/19/2012
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).

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.