**GSI GROUP INC** Form 4/A April 07, 2011

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005 Estimated average

0.5

burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

1(b).

Stock

(Print or Type Responses)

See Instruction

| 1. Name and Ad<br>POND BYR | Symbol              | •                                      |                                 |                      |        | 5. Relationship of Reporting Person(s) to Issuer |   |                        |              |  |  |  |
|----------------------------|---------------------|--|---------------------------------|----------------------|--------|--|---|------------------------|--------------|--|--|--|
| /T ()                      | (F' 1)              |  | GSI GROUP INC [GSIG]            |                      |        |  |   | (Check all applicable) |              |  |  |  |
| (Last)                     | (First) (M          |  | 3. Date of Earliest Transaction |                      |        |  |   |                        |              |  |  |  |
| ~ ~~- ~-                   | `                   | (Month/Day/Year)                       |                                 |                      |        | X Director<br>Officer (giv                       |   | 6 Owner                |              |  |  |  |
| C/O GSI GR                 | 03/11/20            | 03/11/2011                             |                                 |                      |        |  | below)  | er (specify            |              |  |  |  |
| MIDDLESE                   | X TURNPIKE          |  |                                 |                      |        |  | below)  | below)                 |              |  |  |  |
|                            | 4. If Amer          | 4. If Amendment, Date Original         |                                 |                      |        | 6. Individual or Joint/Group Filing(Check        |   |                        |              |  |  |  |
|                            | Filed(Mont          | Filed(Month/Day/Year)                  |                                 |                      |        |  | Applicable Line) _X_ Form filed by One Reporting Person |                        |              |  |  |  |
|                            | 03/11/20            | 03/11/2011                             |                                 |                      |        |  |   |                        |              |  |  |  |
| BEDFORD,                   |                     |  |                                 |                      |        |  | Form filed by More than One Reporting Person            |                        |              |  |  |  |
| (City)                     | (State) (Z          | 7;n)                                   |                                 |                      |        |  |   |                        |              |  |  |  |
| (City)                     | (State) (A          | Zip) Table                             | I - Non-D                       | erivative S          | Securi | ties Ac  | quired, Disposed  | of, or Beneficia       | lly Owned    |  |  |  |
| 1.Title of                 | 2. Transaction Date | 2A. Deemed                             | 3.                              | 4. Securi            | ties   |  | 5. Amount of  | 6. Ownership           | 7. Nature of |  |  |  |
| Security                   | Execution Date, if  | on Date, if TransactionAcquired (A) or |                                 |                      | r      | Securities                                       | Indirect  |                        |              |  |  |  |
| (Instr. 3) any             |                     | •                                      | Code Disposed of (D)            |                      | ·      | Beneficially                                     | (D) or<br>Indirect (I)                                  | Beneficial             |              |  |  |  |
|                            |                     | (Month/Day/Year)                       | (Instr. 8)                      | (Instr. 3, 4 and 5)  |        |  | Owned   | Ownership              |              |  |  |  |
|                            |                     |  |                                 |                      |        |  | Following   | (Instr. 4)             | (Instr. 4)   |  |  |  |
|                            |                     |  |                                 |                      | (A)    |  | Reported<br>Transaction(s)                              |                        |              |  |  |  |
|                            |                     |  |                                 |                      | or     |  | (Instr. 3 and 4)  |                        |              |  |  |  |
|                            |                     |  | Code V                          | Amount               | (D)    | Price  | (moure und 1)   |                        |              |  |  |  |
| Common<br>Stock            | 03/11/2011          |  | D                               | 5,900 <sub>(1)</sub> | D      | \$0  | 50,222 (1)  | D                      |              |  |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: GSI GROUP INC - Form 4/A

| 1. Title of                          | 2.  | 3. Transaction Date (Month/Day/Year) |     | 4.              | 5.   | 6. Date Exerc       |                    | 7. Titl                            |  | 8. Price of                          | 9. Nu<br>Deriv  |
|--------------------------------------|---|--------------------------------------|-----|-----------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | e                                    | any | Code (Instr. 8) | ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                     |                    | Amou<br>Under<br>Securi<br>(Instr. | rlying                                 | Derivative<br>Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |   |                                      |     | Code V          | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title                              | Amount<br>or<br>Number<br>of<br>Shares |                                      |   |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

POND BYRON O

C/O GSI GROUP INC.

C/O GSI GROUP INC. 125 MIDDLESEX TURNPIKE BEDFORD, MA 01730

## **Signatures**

/s/Anthony J. Bellantuoni, Atty-in-fact (POA on file) 04/07/2011

\*\*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) Reflects the Company's 1 for 3 reverse stock split effectuated on December 29, 2010

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.

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