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Form 4	ED INC /NEW/										
August 04, 1 FORN Check th if no lor subject to Section Form 4 Form 5 obligation may corr See Inst 1(b).	A 4 UNITED his box his box his box box to 16. or Filed pur Section 170	Wa F CHAN Section 1 Public U	nges ington NGES IN SECU 16(a) of t	n, D.C. 2 N BENE RITIES he Secur	PN OMB Number Expires: Estimate burden h respons	Number: 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5					
(Print or Type	Responses)										
1. Name and a Ondis Apri	Address of Reporting 1	Person [*]	Symbol	er Name ar O MED I			-	Issuer		ing Person(s) to	
	(First) (O-MED, INC., 60 ICH AVENUE	Middle) 00 EAST	(Month/	of Earliest 7 Day/Year) 2014	Transactio	n		(Cr Director Officer (gi below)		10% Owner Other (specify	
WEST WA	(Street)	93		endment, I onth/Day/Ye	-	nal		6. Individual or Applicable Line) _X_ Form filed b Form filed by Person	-	g Person	
(City)	(State)	(Zip)	Tab	ole I - Non-	-Derivativ	e Secu	ırities Ac	quired, Disposed	of, or Benefi	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/E		ed Date, if	3. Transacti Code (Instr. 8)	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			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 Ownership (Instr. 4)	
Common Stock	07/31/2014			S <u>(1)</u>	1	(D) D	Price \$ 13.97	1,436,539	I	Held by the Estate of Albert W. Onids of which the reporting person is a co-executor.	
Common Stock								3,858	Ι	Held under the Issuer's Employee Stock	

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			Ownership Plan for the account of Albert W. Ondis.
Common Stock	650	Ι	Held under the Issuer's Employee Stock Ownership Plan for the account of the reporting person.
Common Stock	124,475	D	

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate Amou Year) Under Secur		int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships

Х

Reporting Owner Name / Address

Director 10% Owner Officer Other

Ondis April C/O ASTRO-MED, INC. 600 EAST GREENWICH AVENUE

Reporting Owners

WEST WARWICK, RI 02893

Signatures

Margaret D. Farrell (Attorney-in-fact for April Ondis)

08/04/2014

Date

**Signature of Reporting Person

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) The sale was made pursuant to the Rule 10b5-1 Trading Plan of the Estate of Albert W. Ondis of which reporting person is a co-executor.

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.