

Niu Patricia  
 Form 3  
 December 18, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Niu Patricia		(Month/Day/Year)	MEMSIC Inc [MEMS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		12/13/2007		
ONE TECH DRIVE, SUITE			(Check all applicable)	
325			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			VP - Finance	
ANDOVER, MA 01810				6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	40,000	D	

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Niu Patricia - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	09/08/2008	09/07/2014	Common Stock	10,000	\$ 0.3	D	Â
Employee Stock Option (right to buy)	11/09/2007	11/08/2016	Common Stock	6,250	\$ 2.94	D	Â
Employee Stock Option (right to buy)	11/09/2008	11/08/2016	Common Stock	6,250	\$ 2.94	D	Â
Employee Stock Option (right to buy)	11/09/2009	11/08/2016	Common Stock	6,250	\$ 2.94	D	Â
Employee Stock Option (right to buy)	11/09/2010	11/08/2016	Common Stock	6,250	\$ 2.94	D	Â
Employee Stock Option (right to buy)	08/22/2008	08/21/2017	Common Stock	12,500	\$ 7.64	D	Â
Employee Stock Option (right to buy)	08/22/2009	08/21/2017	Common Stock	12,500	\$ 7.64	D	Â
Employee Stock Option (right to buy)	08/22/2010	08/21/2017	Common Stock	12,500	\$ 7.64	D	Â
Employee Stock Option (right to buy)	08/22/2011	08/21/2017	Common Stock	12,500	\$ 7.64	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Niu Patricia ONE TECH DRIVE SUITE 325 ANDOVER, MA 01810	Â	Â	Â VP - Finance	Â

## Signatures

/s/ Patricia Niu                      12/16/2007

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.