Edgar Filing: GORDON BERNARD M - Form 4

| GORDON E Form 4 | BERNARD M | | | | | | | | | | |
|--|---|--|---------------------------------|--|------------|------------------------------|---|--|---|---|--|
| November 1 | 6, 2005 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | OMB APPROVAL | |
| | UNITED | SIAIES | | shington, | | | INGE C | 01/11/1155101N | OMB Number: | 3235-0287 | |
| Check th if no long subject to Section 1 Form 5 obligatio may com <i>See</i> Instr 1(b). | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| GORDON BERNARD M S | | | Symbol | r Name and OGIC CO | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | Aiddle) | 3. Date of Earliest Transaction | | | | | (Check | c all applicable |) | |
| C/O NEUROLOGICA CORP., 14 ELECTRONICS AVENUE | | | (Month/Day/Year) 11/15/2005 | | | | | X_Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | | Amendment, Date Original 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 | | | |
| (City) | | (Zip) | | | | ~ | | Person | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-E | Derivative | Secu | rities Acqu | ired, Disposed of | , or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deen Execution any (Month/E | n Date, if | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | ispose 4 and (A) or | d of (D) | 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 | 11/15/2005 | | | S | 5,000 | D | \$ 47.21 | 235,813 | Ι | by Trust 12/19/86 | |
| Common Stock | 11/16/2005 | | | S | 5,000 | D | \$ 46.249 | 230,813 | Ι | by Trust 12/19/86 | |
| Common Stock | | | | | | | | 15,623 | Ι | by Trust 11/18/82 | |

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 (9-02) required to respond unless the form displays a currently valid OMB control

Edgar Filing: GORDON BERNARD M - Form 4

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. Transacti Code (Instr. 8) | 5. orNumber of Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Titl Amou Under Secur (Instr. | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | | |
|---|----------|------------|---------|-------|--|--|--|
| i G | Director | 10% Owner | Officer | Other | | | |
| GORDON BERNARD M C/O NEUROLOGICA CORP. 14 ELECTRONICS AVENUE DANVERS, MA 01923 | Х | | | | | | |
| Signatures | | | | | | | |
| By: Bruce Garr, by Power of A Gordon | | 11/16/2005 | | | | | |
| **Signature of Reporti | | Date | | | | | |
| Evaluation of Decremons. | | | | | | | |

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.