## Edgar Filing: HOPKINS JACQUES V - Form 4

HOPKINS JA	ACQUES V									
Form 4										
December 13	, 2010									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OND	3235-0287	
Check this	s box	vvas	snington,	D.C. 20	549			Number:	January 31,	
if no longer whiat to a statement of changes in BENEFICIAL OWNERSHIP OF							Expires:	2005		
							Estimated average			
	Section 16. SECURITIES Form 4 or						burden hours per response 0.5			
Form 5							165p0115e	0.0		
obligation	$^{18}$ Section 17(	a) of the Public U				-		n		
may conti <i>See</i> Instru	nue.	30(h) of the In	•	•	· ·					
1(b).	•									
(Print or Type R	esponses)									
1 Name and A	ddress of <b>Reporting</b> l	Derson <sup>*</sup> o t	N	<b>TP</b> 1	т I.		5 Relationship of	Reporting Per	son(s) to	
1. Name and Address of Reporting Person * HOPKINS JACQUES V2. Issuer Name and Ticker or Trading Symbol5. Relationship of Issuer						Reporting ren	501(5) 10			
HOPKINS JACQUES V Symbol Issuer ASTRO MED INC /NEW/ [ALOT]										
					/ [/ 11	201]	(Chec	k all applicable	e)	
(Last)	(First) (N		le) 3. Date of Earliest Transaction (Month/Day/Year)X_ Director				100	Owner		
600 E GREE	)10				Officer (give titleOther (specify					
000 2 0102		12/07/2	010				below)	below)		
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Line)						One Departing Demon				
	CK, RI 02893						_X_ Form filed by C Form filed by M			
	<b>CK</b> , KI 02095						Person			
(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	ities Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of Code (D)				Securities Beneficially	Form: Direct	Indirect	
(Instr. 3)		any (Marth (Daw (Waar))						Indirect (I)	Beneficial Ownership (Instr. 4)	
		(Month/Day/Year)	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Owned Following				
					(A)		Reported	· /	. ,	
					or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	12/09/2010		М	1,375	А	\$	14,562	D		
Stock			111			3.75	,			
Common	12/09/2010		М	1,375	٨	\$	15,937	D		
Stock	12/09/2010		111	1,575	A	3.75	15,957	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. Transactio Code (Instr. 8)	5. Number ction of Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Purchase)	\$ 3.75	12/09/2010		М		1,375	07/02/2001	01/02/2011	Common Stock	1,375
Stock Option (Right to Purchase)	\$ 3.75	12/09/2010		М		1,375	07/02/2002	01/02/2012	Common Stock	1,375

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## **Reporting Owners**

Reporting Owner Name / Address		Relationsh							
	Director	10% Owner	Officer	Other					
HOPKINS JACQUES V 600 E GREENWICH AVE W WARWICK, RI 02893	Х								
Signatures									
Margaret D. Farrell (Attorney- Hopkins)	12/13/2010								

\*\*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.