

Ondis April  
Form 4/A  
September 19, 2011

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
Ondis April

2. Issuer Name and Ticker or Trading Symbol  
ASTRO MED INC /NEW/ [ALOT]

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

(Last) (First) (Middle)  
C/O ASTRO-MED, INC., 600 EAST GREENWICH AVENUE

3. Date of Earliest Transaction (Month/Day/Year)  
09/16/2011

\_\_\_\_ Director  
\_\_\_\_ Officer (give title below)  
 10% Owner  
\_\_\_\_ Other (specify below)

(Street)  
PROVIDENCE, RI 02893

4. If Amendment, Date Original Filed(Month/Day/Year)  
09/19/2011

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock	09/16/2011		F(1)	32,174 D	\$ 7.13	1,525,183	D
Common Stock	09/16/2011		M	85,250 A	\$ 2.6909	1,610,433	D (2)

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

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SEC 1474 (9-02)

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**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities 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)	\$ 2.6909	09/16/2011		M	85,250	03/18/2002	03/18/2012	Common Stock	85,250

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ondis April C/O ASTRO-MED, INC. 600 EAST GREENWICH AVENUE PROVIDENCE, RI 02893		X		

## Signatures

Margaret D. Farrell (Attorney-in-fact for April Ondis) 09/19/2011

\*\*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) The reporting person, as a Co-Administrator for the Estate of Albert W. Ondis (the "Estate"), delivered 32,174 shares of the issuer's common stock from the Estate to the issuer to pay the exercise price in connection with the exercise of options held by the Estate as reported herein.
- (2) Includes (i) 1,487,848 shares which are held by the Estate of Albert W. Ondis of which the reporting person is a co-executor, (ii) 122,098 shares held directly by the reporting person, and (iii) 487 shares which are held under the issuer's employee stock ownership plan for the account of the reporting person.

### Remarks:

This amended report is to correct Footnote 1 to state that shares were delivered to pay the exercise price, not taxes, on the exercise.

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.