#### Edgar Filing: HUI JOHN C K - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	TENT OF CHAN resuant to Section (a) of the Public U	Ishington, D.C. NGES IN BENI SECURITIE 16(a) of the Secu	20549 EFICIAL OWI S urities Exchang Company Act of	NERSHIP OF e Act of 1934, i 1935 or Sectior	OMB Number: Expires: Estimated a burden hour response	
(Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> HUI JOHN C K		er Name <b>and</b> Ticker	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (1 C/O VASOMEDICAL, INC. LINDEN AVENUE	(Middle) 3. Date of Earliest Transaction (Month/Day/Year) IC., 180 03/16/2010			(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>Other</u> (specify below) Chief Technology Officer		
(Street) WESTBURY, NY 11590	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>		
(City) (State)	(Zip) Tak	ole I - Non-Derivat	ive Securities Acq	uired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)2. Transaction Data (Month/Day/Year)		3.4. SecTransaction(A) orCode(Instr	curities Acquired r Disposed of (D) . 3, 4 and 5) (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
Common Stock					I	H&L Living Trust (1)
Common 03/16/2010 Stock		A 333,	334 A (4)	333,334	D	

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

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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)	Code	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and a	Securitie
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
2004 Stock Option Plan Right to Buy	\$ 0.22	04/04/2006	А	200,000	04/04/2006	04/03/2016	Common Stock	200,0
2004 Stock Option Plan-Right to Buy	\$ 0.58	09/21/2005	A	40,000	(2)	09/20/2015	Common Stock	40,0
2004 Stock Option Plan Right to Buy	\$ 0.57				05/31/2006	06/22/2015	Common Stock	29,5
1999 Stock Option Plan - Right to Buy	\$ 1.11				<u>(3)</u>	07/12/2014	Common Stock	50,0
1999 Stock Option Plan (Right to Buy)	\$ 3 96				<u>(2)</u>	07/11/2011	Common Stock	50,0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer	Other	
HUI JOHN C K C/O VASOMEDICAL, INC. 180 LINDEN AVENUE WESTBURY, NY 11590	Х		Chief Technology Officer		
O: www.atu.wa.a					

## Signatures

/s/ John C. K.	04/20/2010	
Hui	04/20/2010	

<u>\*\*</u>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) These shares are owned by H&L Living Trust for the benefit of the reporting person's child. The reporting person and his spouse are the trustees of this trust.
- (2) These options vest over a three year-period at the rate of 33 1/3% per year, with the first options vesting one year from the date of grant.
- (3) The options become exercisable in four equal annual installments commencing on the first anniversary of the grant date.
- (4) Common stock issued as compensation.

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.