ASTRO MED INC /NEW/

Form 4

September 03, 2015

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Pers PETRARCA STEPHEN M	2. Issuer Name and Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Midd	(lle) 3. Date of Earliest Transaction	(Check all applicable)			
C/O ASTRO-MED, INC., 600 E GREENWICH AVENUE	(Month/Day/Year)	Director 10% Owner _X_ Officer (give title Other (specify below) Vice President			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
W WARWICK, RI 02893	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip	Table I - Non-Derivative Securities Acc	quired, Disposed of, or Beneficially Owned			
Security (Month/Day/Year) Ex (Instr. 3) an	A. Deemed 3. 4. Securities Acquired recution Date, if Transaction(A) or Disposed of Code (D) Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)	5. Amount of 6. 7. Nature of Securities Ownership Indirect Beneficially Form: Direct Beneficial Owned (D) or Ownership			

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1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code	4. Securities Acquired on(A) or Disposed of (D)			5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5) (A) or		Owned (D) or Following Indirect (I) Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		Ownership (Instr. 4)	
			Code V	Amount	(D)	Price	(msu. 3 and 4)		
Common Stock	03/29/2013		M	1,687	A	<u>(1)</u>	13,184	D	
Common Stock	03/29/2013		F(2)	652	D	\$ 9.58	12,532	D	
Common Stock							3,545.63	I	Held in Employee Stock Ownership Plan

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

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SEC 1474 (9-02)

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	03/29/2013		M	1,687	03/29/2013	03/29/2013	Common Stock	1,687

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PETRARCA STEPHEN M C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893

Vice President

Signatures

Margaret D. Farrell (Attorney-in-fact for Stephen M. Petrarca)

09/03/2015

**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) Each Restricted Stock Unit represents the equivalent of one share of ALOT common stock.
- (2) The reporting person delivered 652 shares of the issuer's common stock to the issuer to pay taxes on the vesting of the restricted stock units.

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.

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