### Edgar Filing: DIGICORP - Form 4

DIGICORP	,										
Form 4											
August 18,	2005										
FORM	Л 4					~~~ .			OMB A	PPROVAL	
	UNITE	D STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check t if no lor	nger								Expires:	January 31, 2005	
subject		EMENT O	F CHAN			ICIA	L OWN	ERSHIP OF	Estimated		
Section				SECUI	RITIES				burden hou	urs per	
Form 4 Form 5		urguant to	Section 1	6(a) of the	na Sacuri	tion F	vehange	Act of 1934,	response	. 0.5	
obligati	ons Section 1						-	1935 or Section	ı		
may con <i>See</i> Inst	nunue.			nvestmen	•	· ·	•		-		
1(b).											
(Print or Type	Responses)										
1. Name and	Address of Reporti	ng Person <u>*</u>	2. Issue	er Name <b>an</b>	<b>d</b> Ticker or	Tradi	ng	5. Relationship of	Reporting Per	rson(s) to	
AULT MILTON C III			Symbol					Issuer			
			DIGIC	ORP [DC	CO.OB]			(Chec)	k all applicabl	e)	
(Last)	(First)	(Middle)	3. Date o	of Earliest T	ransaction			(Chief			
100 1011 01				Day/Year)				X Director X Officer (give		% Owner her (specify	
FLOOR	HIRE BLVD, 1	STH	08/16/2	2005				below)	below)		
FLOOK								Chief E	Executive Offi	cer	
	(Street)			endment, D	-	ıl		6. Individual or Jo	int/Group Fili	ing(Check	
			Filed(Mo	onth/Day/Yea	r)			Applicable Line) _X_ Form filed by C	ne Reporting P	Person	
SANTA M	ONICA, CA 90	)401						Form filed by M Person			
(City)	(State)	(Zip)	<b>T</b> 1		<b>.</b>	C					
		-					-	iired, Disposed of		•	
1.Title of Security	2. Transaction Da (Month/Day/Yea			3. Transactio	4. Securit nor Dispos			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	(initial Day) i ca	any	i Dute, ii	Code	(Instr. 3, 4			Beneficially	Form:	Beneficial	
		(Month/D	ay/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership	
								Reported	(I)	(Instr. 4)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common							\$			See	
Stock	08/16/2005			Р	52,000	А	0.6584	3,124,527	Ι	Footnotes	

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) (2)

#### Edgar Filing: DIGICORP - Form 4

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
AULT MILTON C III 100 WILSHIRE BLVD 15TH FLOOR SANTA MONICA, CA 90401	Х	Х	Chief Executive Officer				

## Signatures

	/s/ Milton Ault	08/17/2005
--	-----------------	------------

<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).
- Represents securities held by certain private investment funds and individual accounts managed by Ault Glazer & Company Investment
   (1) Management LLC, for which the reporting person serves as Chief Investment Officer and managing member. These securities include 2,792,027 shares of the Issuer's common stock held by Patient Safety Technologies, Inc., for which the reporting person serves as Chairman and Chief Executive Officer.
- (2) The reporting person disclaims beneficial ownership of these securities.

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.