Edgar Filing: ASTRO MED INC /NEW/ - Form 4

ASTRO MED	D INC /NEW/										
Form 4											
May 04, 2016										PPROVAL	
FORM	UNITED	STATES		ITIES Al hington, 1			NGE	COMMISSION		3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation	GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, tility Holding Company Act of 1935 or Sectio					January 31, 2005 Estimated average burden hours per response 0.5					
may contin <i>See</i> Instruc 1(b).	nue.			vestment (•	- ·					
(Print or Type R	esponses)										
MACLETCHIE GRAEME Symbol				r Name and Ticker or Trading MED INC /NEW/ [ALOT]				5. Relationship of Reporting Person(s) to Issuer			
				f Earliest Transaction				(Check all applicable)			
				Month/Day/Year) 5/03/2016				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WEST WAR	WICK, RI 0289	3						Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	med n Date, if Day/Year)	Code (Instr. 8)	onAcquired Disposed (Instr. 3,	Securities cquired (A) or isposed of (D) nstr. 3, 4 and 5) (A) or		Securities Beneficially Owned	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/03/2016			A	Amount 189	(D) A	Price \$ 0 (1)	95,287	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)			onNumber of Derivativ Securities Acquired (A) or Disposed of (D)	(Month/Day/Year) ative ities ired r ssed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Do Security Se (Instr. 5) Be Ov Fo Re Tr	Deriv Secu Bene Owne Follo Repo Trans (Instr
					(Instr. 3,						(III3ti
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
_											

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Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
MACLETCHIE GRAEME 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893	Х							
Signatures								
/s/ Margaret V. Boericke, by power of attorney	of 05/04/2016							
<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 were issued in lieu of the reporting person's quarterly cash retainer pursuant to the Astro-Med, Inc. Non-Employee Director Annual Compensation Program.

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.