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SHAPIRO I Form 4													
November 2	_												
FORM	A 4 UNITED S	STATES	SECUR	ITIES	S AI	ND EXC	HA	NGE	COMMISSION			PPROVAL	
Check th						D.C. 205				0.0	mber:	3235-02	
if no lon subject t Section Form 4 o Form 5 obligatio	ger o 16. or Filed purs	suant to	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,							Est bur res	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
may con <i>See</i> Instr 1(b).	tinue. Section 17(a		Public Ut of the Inv	-		-			of 1935 or Section 40	on			
(Print or Type)	Responses)												
1. Name and A SHAPIRO	Address of Reporting F L DENNIS	erson [*]	Symbol			Ticker or '		-	5. Relationship o Issuer	of Repo	rting Pe	rson(s) to	
(Last)	LIFELINE SYSTEMS INC [LIFE] 3. Date of Earliest Transaction						(Check all applicable)						
C/O LIFEL	(First) (M INE SYSTEMS, LAWRENCE STR	EET	(Month/D 11/24/20	ay/Year					X_ Director Officer (giv below)			% Owner her (specify	
(Street) 4. If Amer Filed(Mont						e Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
FRAMING	HAM, MA 01702								Form filed by Person	More the	an One R	eporting	
(City)	(State) (Zip)	Table	e I - Noi	n-De	erivative S	Securi	ities Ac	quired, Disposed o	of, or B	eneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form: (D) or Indired	form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				Code	V	Amount	(D)	Price	(Instr. 3 and 4) 71,624 (<u>1</u>)	Ι		By wife	
Common Stock	11/24/2004			G		1,000	D	\$0	322,750 <u>(1)</u>	Ι		Trusts	
Common Stock									845,204	D			
Common Stock									8,248	I		As custodian for childr	
Common Stock									53,714	Ι		By childr	en

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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		4.	5.	6. Date Exerc		7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						_			or		
						Date	Expiration		Number		
						Exercisable	Date		of		

Code V (A) (D)

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting of the range frame is	Director	10% Owner	Officer	Other			
SHAPIRO L DENNIS C/O LIFELINE SYSTEMS, INC. 111 LAWRENCE STREET FRAMINGHAM, MA 01702	Х						
Signatures							
Sheryl Sigrist UPA L. Dennis Shapiro	1	1/29/2004					

Explanation of Responses:

**Signature of Reporting Person

* 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).

Date

1000 shares transferred from shares held in various trusts in which the reporting person and/or his wife are trustees for various family

(1) members. The shares were transferred to the ownership of the reporting person's wife. The reporting person disclaims beneficial interest in these shares except to the extent of any pecuniary interest.

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.

Shares