## STEELE ROBERT H Form 4 September 07, 2001

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		// / OMB APP	ROVAL /
		/ OMB Number: / Expires: Sept / Estimated aver / hours per resp	ember 30, 1998 / age burden /
++   FORM 4   ++		TIES AND EXCHANGE CO	MMISSION
[_] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  (Print or Type Responses)	Filed pursuant to Exchange Act of Public Utility E Section 30(f) of t	HANGES IN BENEFICIAL Section 16(a) of th f 1934, Section 17(a Holding Company Act the Investment Compa	e Securities ) of the of 1935 or
1. Name and Address of I	 Reporting Person*		
Steele,	Robert		Н.
(Last)	(First)		(Middle)
	138 River Roa	ad	
	(Street)		
Essex	СТ		06426
(City)	(State)		(Zip)
2. Issuer Name and Ticke	er or Trading Symbol	Moore Medical Corp	. (MMD)
3. IRS or Identification (Voluntary)	n Number of Reporting	g Person if an entit	У
4. Statement for Month/	Year	08/01	
5. If Amendment, Date of	f Original (Month/Yea	ar) 	
6. Relationship of Repor	rting Person(s) to Is	ssuer (Check all app	licable)
[X] Director [_] (	Officer	[_] 10% Owner [_	] Other

	(give ti	tle below)		(spe	cify below)	
X Form filed	l by One Report:	ing Person One Reportin			ALLY OWNED	
1. Title of Security (Instr. 3)	action Date	action action Date Code (Month/ (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		
Year)	Code		(A) or (D)	Price	Month (Instr. 3 a	
Common Stock						
	08/15/01	P		A	\$6.85	54,000

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

FORM 4 (continued)

TABLE II--DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

<sup>\*</sup> If this form is filed by more than one reporting person, see Instruction  $4\left(b\right)\left(v\right)$  .

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans- action Date (Month/ Day/ Year)	4. Transaction Code (Instr. 8)	
			Code V	
				_
				_
				_
				_
TABLE IIDERIVATIVE SECU		SED OF, OR BENEFICIALLY (		
	6. Date Exercisable and Expiration Date (Month/Day/Year)		8. Price 9. Num of of Deriv- ati ative Sec Secur- iti ity Ben (Instr. fic	ve u: e:


#### Explanation of Responses:

 $\ensuremath{^{**}}$  Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

/s/ Robert H. Steele 09/06/01

\*\*Signature of Reporting Person Date