## MOORE MEDICAL CORP

Form 4

September 07, 2001

F	+ DRM 4   +	U.S. SECURITIES AND EXCH WASHINGTON, D.C.								
[_]	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	NEFICIAL OWNERSHIP  a) of the Securities  con 17(a) of the  any Act of 1935 or  at Company Act of 1940								
1.	Name and Address of Re	eporting Person								
	Simpson	James	R.							
	(Last)	(First)	(Middle)							
c/o	Moore Medical Corp.									
		(Street)								
389	389 John Downey Dr., New Britain CT 06050									
	(City)	(State)	(Zip)							
2.	Issuer Name and Ticker	r or Trading Symbol Moore Medic	cal Corp. (MMD)							
3.	IRS or Social Security (Voluntary)	y Number of Reporting Person								
4.	Statement for Month/Ye	ear 08/01								
5.	If Amendment, Date of	Original (Month/Year)								
6.	Relationship of Report	ting Person to Issuer (Check all	applicable)							
	[x] Director [ ] Of (9	fficer [ ] 10% Owner give title below)	(specify below)							
7.	Individual or Joint/Gr X	roup Filing (Check Applicable Li	ne)							
	-	re than One Reporting Person								

TABLE I--NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

1.	Title of Security (Instr. 3)	2.	Trans- action Date (Month/ Day/ Year)		Trans- action Code (Instr.		or Dis	ties Acquired posed of (D) . 3, 4 and 5)		5.	Amount of Securities Beneficial Owned at End of Month (Instr. 3
				C:	ode	V	Amount	(A) or (D)	Pric	e 	
	Common Stock	08	/09/01		P 		200	A	\$6.8 	7 	
		08	/09/01		P		200	A	\$6.7	5 	
		08	/09/01		P 		600	A			2,000
OW (P	minder: Report on ned directly or in rint or Type Respo	ndire		ine	for eac	h cl	ass of secu:	rities benefi	icially		
FO	RM 4 (continued)										
	TABLE IIDERIVAT (e.g., puts							R BENEFICIALI securities)	LY OWNE	D	
1	. Title of Deriva Security (Instr				2. Conve sion Exerc Price Deriv ative	or ise of	1	Trans- action Date (Month/ Day/ Year)		Transac tion Co (Instr.	de

					Code	V	
				DENDETGTALLY			
TABLE IIDERIVATIVE SECURITI							
TABLE IIDERIVATIVE SECURITION (e.g., puts, calls, warrant							
	ts, options	er- and ion	rtible secur 7. Title ar Underlyi		UED	of Deriv- ative Secur- ity (Instr.	Number of Deative Securities Beneficia
	6. Date Excisable Expirate (Month/Year)	, conve	rtible secur  7. Title ar Underlyi (Instr.	nd Amount of and Securities 3 and 4) Amount	UED	of Deriv- ative Secur- ity	of De ative Securities
	6. Date Excisable Expirat Date (Month/Year)  Date Exer-	, conve	7. Title ar Underlyi (Instr.	nd Amount of and Securities 3 and 4) Amount	UED	of Deriv- ative Secur- ity (Instr.	of De ative Securities Beneficia Owned at Erof
	6. Date Excisable Expirat Date (Month/Year)  Date Exer-	, conve	7. Title ar Underlyi (Instr.	nd Amount of and Securities 3 and 4) Amount	UED	of Deriv- ative Secur- ity (Instr.	of De ative Securities Beneficia Owned at Erof
	6. Date Excisable Expirat Date (Month/Year)  Date Exercisable	er- and ion Day/ Expira- tion Date	7. Title ar Underlyi (Instr.	nd Amount of Ing Securities 3 and 4)  Amount	UED 8.	of Deriv- ative Secur- ity (Instr. 5)	 of De ative Secur ities Beneficia Owned at Er of Month (Inst
(e.g., puts, calls, warrant	6. Date Excisable Expirat Date (Month/Year)  Date Exercisable	er- and ion Day/ Expira- tion Date	7. Title ar Underlyi (Instr.	nd Amount of Ing Securities 3 and 4)  Amount	UED 8.	of Deriv- ative Secur- ity (Instr. 5)	 of De ative Secur ities Beneficia Owned at Er of Month (Inst
(e.g., puts, calls, warrant	6. Date Excisable Expirat Date (Month/Year)  Date Exercisable	, conve	7. Title ar Underlyi (Instr.	and Amount of Ing Securities 3 and 4)  Amount	UED 8.	of Deriv- ative Secur- ity (Instr. 5)	 of De ative Secur ities Beneficia Owned at Er of Month (Inst
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(e.g., puts, calls, warrant	6. Date Excisable Expirat Date (Month/Year)  Date Exercisable	, conve	7. Title ar Underlyi (Instr.	and Amount of Ing Securities 3 and 4)  Amount	UED 8.	of Deriv- ative Secur- ity (Instr. 5)	 of De ative Secur ities Beneficia Owned at Er of Month (Inst


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#### Explanation of Responses:

- (1) Excludes 300 shares owned by the reporting person's wife in which he disclaims a beneficial interest.
- \*\*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.

/s/ James R. Simpson 09/07/01

JAMES R. SIMPSON Date

\*\*Signature of Reporting Person