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

ASTRO MED	INC /NEW/										
Form 4/A	1.5										
March 19, 20									OMB A	PPROVAL	
FORM	4 UNITE	D STATES		ITIES A hington,			NGE (COMMISSION		3235-0287	
Check this box if no longer subject to Section 16. Section 16.				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 200 Estimated average burden hours per		
Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Section 1	7(a) of the 1		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	response	0.5	
(Print or Type Re	esponses)										
Woods Gregory A Sym			Symbol	2. Issuer Name and Ticker or Trading ymbol ASTRO MED INC /NEW/ [ALOT]				5. Relationship of Reporting Person(s) to Issuer			
			f Earliest Transaction				(Check all applicable)				
3 MONKS W	/AY		(Month/Da 03/16/20	ay/Year)				Director X Officer (give below) Chief			
				mendment, Date Original /onth/Day/Year) /2015				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MEDFIELD,	MA 02052		03/10/20	/15					More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/16/2015			A	537	(D) A	\$ 0 (1)	44,287	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 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to purchase)	\$ 13.95	03/16/2015		A	50,000	(2)	03/16/2025	Common Stock	50,000

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Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Woods Gregory A 3 MONKS WAY MEDFIELD, MA 02052			Chief Executive Officer					
Signatures								
Margaret D. Farrell (Attorney-i Woods)	n-fact for	Gregory A.	03/19/2015					

**Signature of Reporting Person 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).

- Restricted stock award made to the reporting person under the issuer's 2007 Equity Incentive Plan which vest as follows: (i) 135 shares
 (1) vest on the first anniversary of the grant date, (ii) 134 shares vest on the second anniversary of the grant date, (iii) 134 shares vest on the third anniversary of the grant date, and (iv) 134 shares vest on the fourth anniversary of the grant date.
- (2) The option is exercisable in four equal annual installments commencing on the one year anniversary of the grant date.

Remarks:

This Amendment is being filed to correctly identify Gregory A. Woods as the name of the reporting person on the signature lin

Date

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.