## Edgar Filing: Schlaeppi Yvonne - Form 4

Form 4												
August 01, 20 FORM	4 UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	Filed purs S. Filed purs Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								January 31, 2005 Estimated average burden hours per response 0.5		
<ol> <li>Name and Address of Reporting Person <u>*</u></li> <li>Schlaeppi Yvonne</li> </ol>			2. Issuer Name <b>and</b> Ticker or Trading Symbol AstroNova, Inc. [ALOT]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 600 EAST GREENWICH AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 07/30/2018					(Check all applicable) <u>X</u> Director Officer (give title <u>10%</u> Owner Director below) Other (specify below)				
				nendment, Date Original Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
(City)		Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	Person quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Date, ifTransactionAcquired (A) or CodeSecurities Beneficialay/Year)(Instr. 8)(Instr. 3, 4 and 5)Owned Following		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock	07/30/2018			Code V A	Amount 1,038 (1)	(A) or (D) A	Price \$ 0	Transaction(s) (Instr. 3 and 4) 2,429	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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. onNumber	6. Date Exer Expiration D			le and unt of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise	•	any	Code	of	(Month/Day	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivati	ve		Secur	rities	(Instr. 5)	Bene
	Derivative				Securitie	s		(Instr	. 3 and 4)		Owne
	Security				Acquired	t					Follo
					(A) or						Repo
					Disposed	t					Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)	)					
				Code V	(A) (D)	) Date	Expiration	Title	Amount		
						Exercisable	Date		or		
									Number		
									of		
									Shares		
	_										

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh						
1	Director	10% Owner	Officer	Other				
Schlaeppi Yvonne 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893	Х							
Signatures								
/s/ Margaret V. Boericke, by power of attorney		08/01/2	2018					
<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).
- Restricted stock award made to the reporting person pursuant to the Amended and Restated Non-Employee Director Annual (1) Compensation Program, which vests on the date that is three months following the date of grant.

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.