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

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Form 4 November 04	2015											
November 04, 2015									OMB A	OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	uant to s	F CHAN	GES IN E SECURI 6(a) of the ility Hold vestment (January 31, 2005 Estimated average burden hours per response 0.5								
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> QUAIN MITCHELL I			2. Issuer Name and Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	liddle)		Earliest Transaction								
1 BRISTOL ROAD			(Month/Day/Year) 11/03/2015					_X_Director10% Owner Officer (give titleOther (specify below)below)				
MIDDLEBU	4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
		-						Person				
(City)	(State) (Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock	11/03/2015			А	203	A	\$ 0 (1)	10,487	D			
Common Stock								16,701	Ι	Held in a trust of which the reporting person is a trustee.		

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

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(9-02)

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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 Deriva Securit (Instr. (tive Conve y or Exe	ersion ercise of ative	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
QUAIN MITCHELL I 1 BRISTOL ROAD MIDDLEBURY, CT 06762	Х								
Signatures									
/s/ Margaret V. Boericke, by po attorney		11/04/2015							
<u>**</u> Signature of Reporting Perso		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).

(1) These shares were issued in lieu of the reporting preson's quarterly cash retainer pursuant to the Astro-Med, Inc. Non-Employee Director Annual Compensation Program.

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.