### ASTRO MED INC /NEW/

Form 4/A January 20, 2016

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person \* OCONNELL JOSEPH P

(First) (Middle) (Last)

C/O ASTRO-MED, INC., 600 E

**GREENWICH AVENUE** 

(Street)

(State)

W WARWICK, RI 02893

2. Issuer Name and Ticker or Trading

Symbol

ASTRO MED INC /NEW/ [ALOT] 3. Date of Earliest Transaction

(Month/Day/Year) 05/20/2015

4. If Amendment, Date Original

05/22/2015

Filed(Month/Day/Year)

**OMB APPROVAL** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify

below) Chief Financial Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City)

(Instr. 3)

1. Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year)

Execution Date, if

(Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

Code V Amount (D) Price

(Instr. 3, 4 and 5)

(A)

Securities Beneficially Owned Following Reported Transaction(s)

5. Amount of 6. Ownership Form: Direct (I) (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

(Instr. 3 and 4)

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

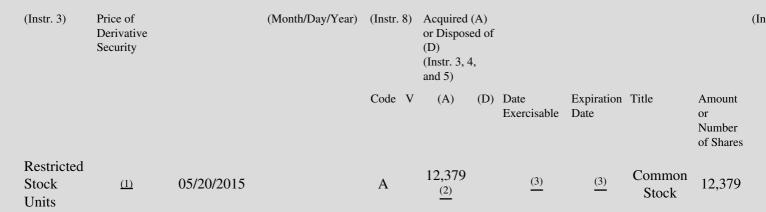
any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. 1 **Underlying Securities** De (Instr. 3 and 4) Sec

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# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

OCONNELL JOSEPH P C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893

Chief Financial Officer

## **Signatures**

/s/ Margaret Boericke, by power of attorney 01/20/2016

\*\*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).
- (1) Each restricted stock unit represents a contingent right to receive one share of ALOT common stock.
  - This amendment is being filed solely to reflect the reporting person's acquisition of 12,379 restricted stock units as derivative securities in
- (2) Table II, rather than as non-derivative securities in Table I, as was timely reported on the reporting person's original Form 4. The original Form 4 was inconsistent with ALOT's practice for other restricted stock unit awards.
- (3) The restricted stock units vest in four equal annual installments beginning May 20, 2016.

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.

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