ASTRO MED INC /NEW/

Form 4 April 12, 2016

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

(Print or Type Responses)

PETRARCA STEPHEN M S				er Name and O MED IN			_	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle) 3. Dat (Mont			of Earliest To Day/Year)	ransaction			(Check all applicable) Director 10% Owner			
C/O ASTRO-MED, INC., 600 E 04/ GREENWICH AVENUE				2016				_X_ Officer (give title Other (specify below) Vice President			
				nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
W WARWICK, RI 02893								Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/08/2016			M	900	A	\$0	12,138	D		
Common Stock	04/08/2016			F	292	D	\$ 13.48	11,846	D		
Common										Held in Employee	

3,571

Ι

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

Stock

Ownership Plan

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SEC 1474 (9-02)

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)	Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	(1)	04/08/2016		M	90	00	(2)	(2)	Common Stock	900	\$
Restricted Stock Unit	(1)	04/08/2016		J <u>(3)</u>	1,80		(3)(4)	(3)(4)	Common Stock	1,800	\$

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PETRARCA STEPHEN M C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893

Vice President

Signatures

/s/ Margaret V. Boericke, by power of attorney

04/12/2016

**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.
- (2) The restricted stock units vested on April 8, 2016.
- (3) The restricted stock units were forfeited by the reporting person pursuant to the terms of the award granted on April 3, 2013.

(4)

Reporting Owners 2

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Represents the forfeiture of restricted stock units granted to the reporting person on April 3, 2013 that were eligible to vest based on certain financial performance objectives. Upon grant, the target vesting amount was reported in Table II of Form 4. On April 8, 2016, the Issuer determined that, based on the Issuer's performance over the applicable performance period, 900 restricted stock units would vest and 1,800 restricted stock units would be forfeited.

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.