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

ASTRO ME	D INC /NEW/										
Form 4											
April 09, 20											
FORM	14		GEOU							PPROVAL	
	UNITE	D STATES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th					,				Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWNERSHI				NERSHIP OF	•	2005 Werage	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 c			~		~ .				response	. 0.5	
Form 5 obligatio	nc 1						U	e Act of 1934,			
may con	tinue. Section 1			•	•	· ·		1935 or Section	1		
See Instr	uction	50(II)) of the In	vestment	Compan	y Act	. 01 194	0			
1(b).											
(Print or Type	Responses)										
		_ *									
ONDIS ALBERT W Symbol				O MED INC /NEW/ [ALOT]				5. Relationship of Reporting Person(s) to Issuer			
								155401			
ASTRO			(Check all applicable)								
(Last)	(First)	(Middle)		f Earliest T	ransaction			V D'	V 100		
600 E. GRE	EENWICH AV	ENUE	04/05/2	h/Day/Year) 5/2007				X Director X Officer (give	X10% Owner title Other (specify		
OUU L. OIL		LIVEL	04/03/2	007				below)	below) executive Offic	~ .	
			mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mon							Applicable Line) _X_ Form filed by One Reporting Person				
WEST WA	RWICK, RI 02	2893						Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Deer	med	3.	4. Securit	ies Aco	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Exec any		on Date, if Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect		
(Instr. 3)		Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)))	Beneficially Owned	ially Form: Direct Ben (D) or Own			
		(,	(Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price ¢				
Common Stock	04/05/2007			S	34,375	D	\$ 11.25	1,340,550	D (1)		

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Unde Secur	le and unt of rlying ities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ONDIS ALBERT W 600 E. GREENWICH AVENUE WEST WARWICK, RI 02893	Х	Х	Chief Executive Officer					
Signatures								
Margaret D. Farrell (Attorney-in-f Ondis	04/09/2007							
<u>**Signature of Reporting Po</u>		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).

The reporting person beneficially owns 1,340,550 shares of the issuer's common stock of which 3,986 shares are held in an employee (1) stock ownership plan. The reporting person disclaims beneficial ownership of 311,571 shares of the issuer's common stock held by a trust of which the reporting person is trustee and the reporting person's children are beneficiaries.

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.