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

Form 4	D INC /NEW/										
August 04, 2014 <b>FORM 4</b> Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). <b>UNITED STATES SECU</b> <b>Wa</b> <b>STATEMENT OF CHAN</b> Filed pursuant to Section Section 17(a) of the Public U 30(h) of the I				shington NGES IN SECUF (6(a) of th tility Hol	, D.C. 20 BENEF XITIES ne Securi ding Con	<b>)549</b> ICIA ties E	<b>AL OW</b> Exchang y Act o	NERSHIP OF e Act of 1934, f 1935 or Sectio	N OMB Number: Expires: Estimated burden ho response	ours per	
	Responses) Address of Reporting bert W. Ondis	Person <u>*</u>	Symbol	r Name <b>and</b>			-	5. Relationship o Issuer	f Reporting P	erson(s) to	
(Last) (First) (Middle)			ASTRO MED INC /NEW/ [ALOT] 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2014					(Check all applicable) <u>Director</u> <u>X_10% Owner</u> Officer (give title <u>Check all applicable</u> ) <u>below</u> )			
				endment, Date Original onth/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)	Tab	le I - Non-I	Derivative	Secu	rities Acc	uired, Disposed o	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Common Stock	07/31/2014			S <u>(1)</u>	1	D	\$ 13.97	1,436,539	D		
Common Stock							13.71	3,858	I	Allocated to the account of Albert W. Ondis under Issuer's Employee Stock Ownership Plan	

**Reporting Owners** 

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

08/04/2014

Date

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

Disposed of (D)	e of 9. Nu tive Deriv y Secur 5) Bene Own Follo Repo Trans (Instr
(Instr. 3, 4, and 5)	
Date Expiration or   Exercisable Date Title   Number of   Code V (A)	

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	Director 10% Owner		Other
Estate of Albert W. Ondis 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893		Х		
Signatures				

Margaret D. Farrell (Attorney-in-fact for the Estate of Albert W.

Ondis)

\*\*Signature of Reporting Person

# **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) The sale was made pursuant to the reporting person's Rule 10b5-1 Trading Plan.

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.