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UROPLAST Form 4	TY INC									
May 30, 200)8									
FORM	14								PPROVAL	_
	UNITED	STATES		RITIES A shington			E COMMISSION	N OMB Number:	3235-0)287
Check th if no lon subject t Section 4 Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed put tinue.	Section Public U	NGES IN SECUE 16(a) of th Jtility Hol nvestment	Estimated burden hou response	ated average en hours per					
(Print or Type)	Responses)									
1. Name and Address of Reporting Person <u>*</u> KAYSEN DAVID B			Symbol	er Name and LASTY II			5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 5420 FELTL ROAD				of Earliest T Day/Year) 2008	ransaction	1	(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X_</u> Officer (give title <u></u> Other (specify below) President, CEO			
		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				
MINNETO	NKA, MN 55343	3					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or d of (D) 4 and 5) (A) or	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)	
Reminder: Rep	port on a separate line	e for each cla	ass of sec	urities bene	ficially ov	vned directly	or indirectly.			
					infor requ	mation con ired to resp	spond to the colle tained in this form ond unless the for antly valid OMB co	n are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)			Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	<u>(2)</u>	05/28/2008		А		6,000		05/27/2009 <u>(3)</u>	(3)	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
KAYSEN DAVID B 5420 FELTL ROAD MINNETONKA, MN 55343			President, CEO						

Signatures

Larry Bakeman 05/30/2008

<u>**</u>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) Includes 333,334 shares that Mr. Kaysen may acquire upon the exercise of options that are exercisable within 60 days of May 28, 2008. Also includes 6,000 restricted stock units which are eligible for dividend and voting equivalent rights.
- (2) Each restricted stock unit represents a contingent right to receive one share of Uroplasty, Inc. common stock.
- (3) The restricted stock units will vest on 5/27/2009 contingent upon continued employment through such date.
- (4) Recipient did not pay cash or other consideration for the receipt of the restricted stock units. The closing share price of Uroplasty, Inc. common stock on the grant date was \$3.15.

Remarks:

Signature is on behalf of Mr. Kaysen

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.