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UROPLAST Form 4 June 09, 200 FORM Check th if no lon subject t Section Form 4 Form 5 obligation may con <i>See</i> Instu 1(b).	D8 A 4 UNITED S nis box ger o STATEM 16. Dr Filed pur Section 17(3)	IENT OF suant to Se a) of the P	Was CHAN ection 1 Public Ut	shington IGES IN SECUI 6(a) of th	, D.C. 20 BENEF ATTIES ne Securi ding Con	D 549 FICIA ties H mpan	AL OWN Exchange y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOLMAN SUSAN HARTJES			2. Issuer Name and Ticker or Trading Symbol UROPLASTY INC [UPI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M		3. Date of Earliest Transaction					Director			
5420 FELTL RD			(Month/Day/Year) 06/05/2008					Director 10% Owner X Officer (give title Other (specify below) COO			
MINNETO	(Street) NKA, MN 55343			endment, D nth/Day/Yea	-	al		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	son	
(City)	(State)	(Zip)	Tabl	le I - Non-l	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed (onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	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	06/05/2008			Code V G	3,300	D	\$ 3.3	0	D		
Common Stock	06/05/2008			S	2,800	D	\$ 3.2339	0	D		
Common Stock	06/06/2008			S	7,200	D	\$ 3.0508	0	D		
Common Stock								326,659	D		

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 (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	<u>(1)</u>					05/27/2009(2)	(2)	Common Stock	2,000
Stock Options	\$ 5.3					12/21/2005	12/21/2009	Common Stock	75,000
Stock Options	\$ 2.65					02/02/2008	02/01/2014	Common Stock	4,167
Stock Options	\$ 2.65					02/02/2009	02/01/2014	Common Stock	4,167
Stock Options	\$ 2.65					02/02/2010	02/01/2014	Common Stock	4,166
Stock Options	\$ 4.31					07/03/2007	07/02/2012	Common Stock	3,333
Stock Options	\$ 4.31					07/03/2008	07/02/2012	Common Stock	3,333
Stock Options	\$ 4.31					07/03/2009	07/02/2012	Common Stock	3,334
Stock Options	\$ 5.19					02/02/2006	01/01/2015	Common Stock	100,000

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
			COO		

HOLMAN SUSAN HARTJES 5420 FELTL RD MINNETONKA, MN 55343

Signatures

Larry Bakeman

06/09/2008

**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 Uroplasty, Inc. common stock.
- (2) The restricted stock units will vest on 5/27/2009 contingent upon continued employment through such date.
- (3) Restricted stock units which are eligible for dividend and voting equivalent rights.
- (4) Options that are exercisable within 60 days of June 9, 2008

Remarks:

Signature is on behalf of Ms. Hartjes Holman.

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.