

ASTRO MED INC /NEW/
Form 4
December 08, 2014

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Estate of Albert W. Ondis

2. Issuer Name and Ticker or Trading Symbol
ASTRO MED INC /NEW/ [ALOT]

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

(Last) (First) (Middle)
600 EAST GREENWICH AVENUE,
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
12/04/2014

____ Director
____ Officer (give title below)
 10% Owner
____ Other (specify below)

WEST WARWICK, RI 02893

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
____ Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
				(A) or (D) Code V Amount Price			
Common Stock	12/04/2014		D ⁽¹⁾	500,000 D \$ 12.5	882,305	D ⁽²⁾	
Common Stock					3,858	I	Held under the issuer's Employee Stock Ownership Plan for the account of Albert W. Ondis ⁽³⁾
					317	I	

Common Stock				Held under the issuer's Employee Stock Ownership Plan for the account of Albert W. Ondis, III <u>(4)</u>
Common Stock	1,658	I		Held in trust for a child of Albert W. Ondis, III <u>(5)</u>
Common Stock	122,097	D <u>(6)</u>		
Common Stock	5,614	I		Held in trust for a child of Alexis Ondis <u>(7)</u>
Common Stock	122,096	D <u>(8)</u>		
Common Stock	650	I		Held under the issuer's Employee Stock Ownership Plan for the account of April Ondis <u>(9)</u>
Common Stock	124,475	D <u>(10)</u>		

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.

SEC 1474
(9-02)

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

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

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 6)
--	--	--------------------------------------	--	--------------------------------	---	--	---	--	---

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Estate of Albert W. Ondis 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893		X		
Ondis Albert W. III C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893		X		
Ondis Alexis C/O ASTRO-MED, INC. 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893		X		
Ondis April C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893		X		

Signatures

Margaret D. Farrell (Attorney-in-fact for the Estate of Albert W. Ondis)	12/08/2014
__Signature of Reporting Person	Date
Margaret D. Farrell (Attorney-in-fact for Albert W. Ondis, III)	12/08/2014
__Signature of Reporting Person	Date
Margaret D. Farrell (Attorney-in-fact for Alexis Ondis)	12/08/2014
__Signature of Reporting Person	Date
Margaret D. Farrell (Attorney-in-fact for April Ondis)	12/08/2014
__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) The sale was made pursuant to that certain Stock Repurchase Agreement dated as of December 4, 2014 by and among the issuer and Albert W. Ondis III, Alexis Ondis and April Ondis, each in his or her capacity as a Co-Executor of the Estate of Albert W. Ondis.
- (2) These shares are owned directly by the Estate of Albert W. Ondis and indirectly by Albert W. Ondis, III, Alexis Ondis and April Ondis, as co-executors of the Estate of Albert W. Ondis.
- (3) These shares are owned indirectly by the Estate of Albert W. Ondis and each of Albert W. Ondis, III, Alexis Ondis and April Ondis, as co-executors of the Estate of Albert W. Ondis.
- (4) These shares are owned indirectly by Albert W. Ondis, III.
- (5) These shares are owned indirectly by Albert W. Ondis, III, as trustee of a trust for a child of Albert W. Ondis, III.
- (6) These shares are owned directly by Albert W. Ondis, III.
- (7) These shares are owned indirectly by Alexis Ondis, as trustee of a trust for a child of Alexis Ondis.
- (8) These shares are owned directly by Alexis Ondis.
- (9) These shares are owned indirectly by April Ondis.
- (10) These shares are owned directly by April Ondis.

Remarks:

Albert W. Ondis, III, Alexis Ondis and April Ondis are each co-executors of the Estate of Albert W. Ondis and ten percent own

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.