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

ASTRO ME Form 4/A January 20,	ED INC /NEW/ 2016									
FORM	ЛД							PPROVAL		
_	UNITED		CURITIES A Washington			E COMMISSIO	N OMB Number:	3235-0287		
Check th if no lon	oer.						Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL Section 16. SECURITIES					ICIAL O	WNERSHIP OF	Estimated burden hou	average urs per		
Form 4 Form 5		manufa Conti	16(a) of $4$	C	dan Daaba	man A at af 1024	response	. 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 A OCONNEI	2. Issuer Name <b>and</b> Ticker or Trading /mbol STRO MED INC /NEW/ [ALOT]			5. Relationship of Reporting Person(s) to Issuer						
(1+)	(First)					(Check all applicable)				
			3. Date of Earliest Transaction (Month/Day/Year)			Director	109	% Owner		
			05/20/2015			X_Officer (give title Other (specify below) below) Chief Financial Officer				
	(Street)	4. If	Amendment, D	ate Origina	1	6. Individual or	Joint/Group Fili	ng(Check		
			Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
05/22/2015       _X_ Form filed by One         W WARWICK, RI 02893       Form filed by Mor         Person										
(City)	(State)	(Zip)	Table I - Non-J	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye.	Code	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
			Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each class of	securities bene	•	-	or indirectly.	otion of	SEC 1474		

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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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	De
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired ( or Dispose (D) (Instr. 3, 4, and 5)	d of					(
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	05/20/2015		А	12,379 (2)		(3)	(3)	Common Stock	12,379	

## **Reporting Owners**

attorney

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
OCONNELL JOSEPH P C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893			Chief Financial Officer			
Signatures						
/s/ Margaret Boericke, by power o	f	01/20	/2016			

**Explanation of Responses:** 

\*\*Signature of Reporting Person

- \* 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).

Date

(1) Each restricted stock unit represents a contingent right to receive one share of ALOT common stock.

This amendment is being filed solely to reflect the reporting person's acquisition of 12,379 restricted stock units as derivative securities in (2)Table II, rather than as non-derivative securities in Table I, as was timely reported on the reporting person's original Form 4. The original Form 4 was inconsistent with ALOT's practice for other restricted stock unit awards.

(3) The restricted stock units vest in four equal annual installments beginning May 20, 2016.

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.

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