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

ASTDO MEI	D INC /NEW/											
Form 4	D INC /INE W/											
May 02, 2014	4											
•									OMB A	PPROVAL		
FORM	4 UNITED S	TATES		ITIES A hington,			NGE	COMMISSION	OMB Number:	3235-0287		
Check thi				g,	210120	•••			Expires:	January 31,		
-	if no longer white ta STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						NERSHIP OF		2005			
Section 1	subject to Section 16. SECURITIES Form 4 or						burden hou	Estimated average burden hours per response 0.5				
Form 5	Filed purs	uant to S	Section 16	6(a) of the	e Securiti	ies Ez	xchang	ge Act of 1934,	10000100	0.0		
obligation	¹⁸ Section 17(a)							f 1935 or Sectio	n			
may conti <i>See</i> Instru		30(h)	of the Inv	vestment	Compan	y Act	t of 19	40				
1(b).												
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> VIETS HERMANN			 Issuer Name and Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT] Date of Earliest Transaction 					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)												
)-MED, INC., 600 CH AVENUE) EAST						(Month/Da 05/01/20	-			
	(Street)		4 If Amer	ndment Da	te Original			6 Individual or I	oint/Groun Fili	10(Check		
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
WEST WAF	RWICK, RI 02893	3	× ×					_X_ Form filed by Form filed by M Person				
(City)	(State) (2	Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	any		med 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				a 1		or	D .	Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$ 0					
Stock	05/01/2014			А	140	А	\$ U (1)	189,470	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

L S	. Title of Derivative Gecurity Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address								
	Director	10% Owner	Officer	Other				
VIETS HERMANN C/O ASTRO-MED, INC. 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893	Х							
Signatures								
Margaret D. Farrell (Attorney-in-fact to Viets)	ann	05/02	2/2014					
<u>**</u> Signature of Reporting Person			Da	ate				
WEST WARWICK, RI 02893 Signatures Margaret D. Farrell (Attorney-in-fact to Viets)	ann	00702						

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) These shares were issued in lieu of the reporting person's quarterly cash retainer pursuant to the Astro-Med, Inc. Non-Employee Director Annual Compensation Program.

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.