ASTRO MED INC /NEW/

Form 4 July 18, 2014

FORM 4

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

Check this box if no longer

subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 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(b).

(Last)

1. Name and Address of Reporting Person *

(First)

Estate of Albert W. Ondis

2. Issuer Name and Ticker or Trading

Symbol

ASTRO MED INC /NEW/ [ALOT]

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

07/16/2014

600 EAST GREENWICH AVENUE

(Middle)

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

Issuer

5. Relationship of Reporting Person(s) to

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

(Check all applicable)

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

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

WEST WARWICK, RI 02893

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	e Secu	rities Acq	uired, Disposed	of, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	07/16/2014		S	200	D	\$ 13.6	1,440,342	D	
Common Stock	07/16/2014		S	100	D	\$ 13.65	1,440,242	D	
Common Stock	07/17/2014		S	200	D	\$ 13.6	1,440,042	D	
Common Stock	07/17/2014		S	100	D	\$ 13.62	1,439,942	D	
Common Stock	07/17/2014		S	600	D	\$ 13.63	1,439,342	D	
	07/17/2014		S	200	D		1,439,142	D	

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Stock					\$ 13.64			
Common Stock	07/17/2014	S	100	D	\$ 13.66	1,439,042	D	
Common Stock	07/17/2014	S	100	D	\$ 13.68	1,438,942	D	
Common Stock						3,858	I	Allocated to the account of Albert W. Ondis under Issuer's Employee Stock Ownership Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctio	Number	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code		of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8)	Derivative			Secur	ities	(Instr. 5)	
	Derivative					Securities			(Instr.	3 and 4)		
	Security					Acquired						
						(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										A		
										Amount		
							Date	Expiration	TP:41	or		
							Exercisable	Date	ritte	Number		
				<i>a</i> 1	•	(A) (B)				of		
				Code	V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Othe
Estate of Albert W. Ondis		X		
600 EAST GREENWICH AVENUE				

Reporting Owners 2

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WEST WARWICK, RI 02893

Signatures

Margaret D. Farrell (Attorney-in-fact for the Estate of Albert W. Ondis)

07/18/2014

**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).

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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