Davidoff E Martin Form 4 May 13, 2011

# 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

2. Issuer Name and Ticker or Trading

BIOCLINICA INC [BIOC]

3. Date of Earliest Transaction

(Month/Day/Year)

05/11/2011

(Print or Type Responses)

1(b).

(Last)

1.Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person \* Davidoff E Martin

> (First) (Middle)

C/O BIOCLINICA, INC., 826 **NEWTOWN-YARDLEY ROAD** 

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Symbol

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

\_X\_\_ Director 10% Owner 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

NEWTOWN, PA 18940

(City) (State) (Zip)

(Month/Day/Year)

2. Transaction Date 2A. Deemed

3. 4. Securities 5. Amount of

Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year)

Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Owned Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Securities

Beneficially

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

7. Nature of 6. Ownership Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

(Instr. 4) (Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number of TransactionDerivative Code Securities

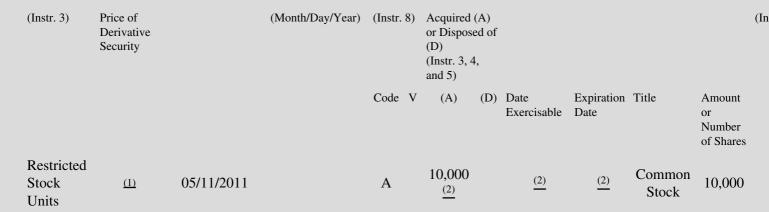
(A)

or

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. 1 Underlying Securities De (Instr. 3 and 4) Se

#### Edgar Filing: Davidoff E Martin - Form 4



## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Davidoff E Martin
C/O BIOCLINICA, INC.
826 NEWTOWN-YARDLEY ROAD
NEWTOWN, PA 18940

## **Signatures**

/s/ E. Martin
Davidoff
05/13/2011

\*\*Signature of Date
Reporting Person

### **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 common stock of BioClinica, Inc. (the "Company"), par value \$0.00025.
  - Represents the automatic grant of 10,000 restricted stock units, granted pursuant to the Company's 2010 Stock Incentive Plan upon election to the Board of Directors at the Annual Meeting of Stockholders on May 11, 2011, determined by using the closing price on May
- (2) 11, 2011. The restricted stock units shall vest as follows: 10,000 units shall vest in one-twelfth (1/12) increments monthly until May 11, 2012; provided, however, that the shares underlying the restricted stock units shall not be issued to the directors until the director's cessation of service on the Board of Directors.
- (3) Represents only those shares underlying the restricted stock units. The director may beneficially own BIOC securities not required to be recorded herein.

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.

Reporting Owners 2