#### ASTRO MED INC /NEW/

Form 4 March 19, 2008

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

or Indirect

(Instr. 4)

 $\mathbf{D}^{(1)}$ 

3235-0287

Expires:

January 31, 2005

0.5

of

(Instr. 4)

Estimated average burden hours per

response...

**OMB APPROVAL** 

subject to Section 16. Form 4 or

if no longer

Check this box

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

03/17/2008

(Print or Type Responses)

1. Name and Address of Reporting Person * DEEB ELIAS G			2. Issuer Name and Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3 Date o	f Forliget T	rangaction		(Check	all applicable	:)	
, ,	EAST GREENWICH AVE			3. Date of Earliest Transaction (Month/Day/Year) 03/17/2008			Director 10% Owner Other (specify below)			
					Vice President					
(Street) WEST WARKWICK, RI 02893			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check				
						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acq	uired, Dispo	sed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securities Acquired (A	A) 5. Amour	nt of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	n Date, if	Transaction	omr Disposed of (D)	Securities	3	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficia	lly	Form:	Beneficial	
		(Month/D	Day/Year)	(Instr. 8)		Owned		Direct (D)	Ownership	

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

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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.

Following Reported

22,728

Transaction(s)

(Instr. 3 and 4)

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

(A)

(D)

A

Price

5.9091

Amount

10,312

### 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. Transactic Code (Instr. 8)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to	\$ 5.9091	03/17/2008		M		10,312	10/25/1998	03/25/2008	Common Stock	10,312

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>FS</b>	Director	10% Owner	Officer	Other			
DEEB ELIAS G 600 EAST GREENWICH AVE WEST WARKWICK, RI 02893			Vice President				

### **Signatures**

Margaret D. Farrell (Attorney-in-fact for Elias G. Deeb) 03/19/2008

\*\*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).

The reporting person beneficially owns 22,728 shares of the issuer's common stock of which (i) 19,761 shares are held directly by the reporting person, (ii) 2,576 shares are held in an employee stock ownership plan and (iii) 391 shares are held by the reporting person's spouse

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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