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

Form 4	ED INC /NEW/											
April 02, 20										OMB A	PPROVA	۹L
FORM	<b>4</b> UNITED	STATES		RITIES A			NGE	COMMISSIO		OMB Number:		-0287
Check th if no lon subject to Section Form 4 Form 5 obligation may cor See Insta 1(b).	ger o 16. or Filed pu ons stinue.	rsuant to S (a) of the I	CHAN Section	NGES IN SECUI	BENEF RITIES ne Securit Iding Cor	<b>ICIA</b> ties E npany	xchan y Act	WNERSHIP C age Act of 1934 of 1935 or Sec 940	<b>)F</b> 4,	Expires: Estimated burden hou response	irs per	ry 31, 2005 0.5
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> ONDIS ALBERT W			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
(Lost)	(First)	Middle	ASTRO MED INC /NEW/ [ALO]					(Check all applicable)				
(M				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2008				X DirectorX 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer				
				If Amendment, Date Original ed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
WEST WA	RWICK, RI 028	93						Form filed I Person	by Moi	re than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities A	cquired, Dispose	d of, d	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V		(A) or of (D)	5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Dwnership rm: Direct o or Indirect str. 4)	7. Nature Indirect Benefici Ownersh (Instr. 4)	al iip
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially own	ned diı	rectly o	r indirectly.				

Persons who respond to the collection of 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to purchase)	\$ 9.845	04/01/2008		А		6,275		04/01/2009(1)	04/01/2013	Common Stock	6,275

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
ONDIS ALBERT W 600 E. GREENWICH AVENUE WEST WARWICK, RI 02893	Х	Х	Chief Executive Officer						
Signatures									
Margaret D. Farrell (Attorney-in-f Ondis)	lbert W.	04/02/2008							
<u>**</u> Signature of Reporting P		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).
- (1) This option is exercisable in four annual installments commencing April 1, 2009.

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.