Edgar Filing: INTEST CORP - Form 4

Form 4	XP											
October 31, 2	2013											
FORM 4 UNITED STATES SECURITIES AND EXCHAN								COMMISSION	OMB APPROVAL			
Charala dh'	SIAILS	SECURITIES AND EXCHANGE C Washington, D.C. 20549					2010110111551010	OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru	er STATEN 5. Filed put ¹⁵ Section 170	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange A Section 17(a) of the Public Utility Holding Company Act of 19 30(h) of the Investment Company Act of 1940						e Act of 1934, f 1935 or Section	Expires: January 31 2009 Estimated average burden hours per response 0.4			
1(b).	ction	()			-							
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> PELRIN JAMES			2. Issuer Name and Ticker or Trading Symbol INTEST CORP [INTT]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Chec	eck all applicable)				
C/O INTEST GATE DRIV	(Month/Day/Year) 10/29/2013				Director 10% Owner X Officer (give title Other (specify below) below) VP & GM-Thermal Products Sgmt							
					If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MT. LAURI	EL, NJ 08054							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuri	ties Aco	uired, Disposed of	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	any			3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common				Code V	Amount 10,000	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Stock	10/29/2013			А	(1)	А	\$0	42,449	D			
Common Stock								16,440.9382	I <u>(2)</u>	By Plan		

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

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
PELRIN JAMES C/O INTEST CORP 304 EAST GATE DRIVE, SUITE 200 MT. LAUREL, NJ 08054			VP & GM-Thermal Products Sgmt				
Signatures							

Signatures

/s/ James Pelrin 10/30/2013

<u>**</u>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).
- (1) The shares acquired are restricted shares issued pursuant to the Issuer's 2007 Stock Plan and will vest in increments of 25% annually commencing on October 29, 2014.

The information in this report is based on information provided by the third-party Trustee of the inTEST Corporation Incentive Savings Plan. Actions by the Trustee of the Plan to maintain overall Plan liquidity targets over time will result in periodic fluctuation in the

(2) That: Actions by the Fluctee of the Fluct to maintain overall Fluct inquirity targets over this will result in periodic fluctuation in the number of shares of inTEST comon stock held by the Plan and allocated among the participants in the Plan (including the Report Person), and are not the result of any volitional or dicretionary action of the Reporting Person.

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.