Edgar Filing: LUKSCH JAMES A - Form 4

| LUKSCH JA Form 4 | AMES A | | | | | | | | | |
|--|---|--------------------|------------------------------------|--|-----------------------------------|---|-----------------|---|--|-------------|
| August 29, 2 | _ | | | | | | | | | PPROVAL |
| FORM | 14 UNITE | D STATES | | | | | NGE C | COMMISSION | OMB | 3235-0287 |
| Check th | is box | | Was | hington, | D.C. 205 | 549 | | | Number: | January 31, |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or Securities 30(h) of the Investment Company Act of 1940 | | | | | e Act of 1934, 1935 or Section | Expires. 200 Estimated average burden hours per response 0 | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and A LUKSCH J. | Address of Reporti AMES A | ng Person <u>*</u> | Symbol BLOND | Name and DER TON ATORIE | GUE | | g | 5. Relationship of Issuer (Chec | Reporting Pers | |
| | (First) DER TONGU ORIES, INC., WN ROAD | | 3. Date of (Month/D 08/27/20 | - | ansaction | | | _X_ Director _X_ Officer (give below) Chief H | title Othe below) Executive Offic | er (specify |
| | (Street) 4. If Ame | | | ndment, Date Original hth/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) | Table | e I - Non-D | erivative S | Securit | ties Acq | uired, Disposed of | , or Beneficial | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Executionary | | 3. Transactio Code (Instr. 8) | | sposed | of (D) | Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| Common Stock, par value \$0.001 | 08/27/2008 | | | Code V | Amount 1,100 | (D) | Price \$ 1.2 | (Instr. 3 and 4) 698,925 | D | |
| Common Stock, par value \$0.001 | 08/27/2008 | | | S | 1,000 | D | \$ 1.16 | 697,925 | D | |
| Common Stock, par | 08/27/2008 | | | S | 11,600 | D | \$ 1.15 | 686,325 | D | |

| value \$0.001 | | | | | | | | |
|--|------------|---|-------|---|------------|---------|---|---------|
| Common Stock, par value \$0.001 | 08/28/2008 | S | 4,400 | D | \$ 1.15 | 681,925 | D | |
| Common Stock, par value \$0.001 | | | | | | 294 | Ι | By Wife |

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

| SEC 1474 |
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| (9-02) |
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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) | of | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|
| Reporting o whet Aunie / Auniess | Director | 10% Owner | Officer | Other | | |
| LUKSCH JAMES A C/O BLONDER TONGUE LABORATORIES, INC. ONE JAKE BROWN ROAD OLD BRIDGE, NJ 08857 | Х | Х | Chief Executive Officer | | | |

Signatures

| /s/James A. | 08/29/2008 |
|-------------|------------|
| Luksch | 08/29/2008 |

<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).

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.