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

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Form 4 May 21, 2015	5										
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no long subject to Section 10 Form 4 or Form 5	CHANGES IN BENEFICIAL OWNERSHIP SECURITIES ection 16(a) of the Securities Exchange Act of 19						Expires: January 31 2005 Estimated average burden hours per response 0.5				
obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a)	) of the l		ility Hold	ling Com	pany	Act o	f 1935 or Sectio	on		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> MACLETCHIE GRAEME			2. Issuer Name <b>and</b> Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of (Month/D C/O ASTRO-MED, INC., 600 EAST 05/20/20			te of Earliest Transaction th/Day/Year)				(Check all applicable) <u>X</u> Director 10% Owner Officer (give title Other (specify below)				
GREENWIC	CH AVENUE								,		
				If Amendment, Date Original led(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
								Person			
(City)	(State) (Z	Zip)	Table	e I - Non-D			ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
(Instr. 3) any		Execution any	emed 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/20/2015			А	1,423	А	\$ 0 (1)	92,956	D		

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

Persons who respond to the collection of information contained in this form are not 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 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)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D	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 purchase)	\$ 14.05	05/20/2015		А	5,000	(2)	05/20/2025	Common Stock	5,000	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
MACLETCHIE GRAEME C/O ASTRO-MED, INC. 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893	Х						
Signatures							
Margaret D. Farrell (Attorney-in-fact t MacLetchie)		05/21/201	5				

\*\*Signature of 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).
- Restricted stock award made to the reporting person which vests on the earlier of (i) the date that is immediately prior to the occurrence of (1) the 2016 annual meeting of the shareholders or special meeting in lieu thereof and (ii) the one year anniversary of the grant date.
- (2) This option becomes exercisable immediately prior to the occurrence of the issuer's 2016 annual meeting of shareholders.

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.

Date