### VASOMEDICAL INC

Form 4 April 06, 2006

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

may continue. See Instruction 1(b).

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

LINDEN AVENUE

(Last)

(City)

1. Name and Address of Reporting Person \* Thomas Glover

(First)

(Street)

(State)

C/O VASOMEDICAL, INC., 180

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

VASOMEDICAL INC [VASO]

3. Date of Earliest Transaction

(Month/Day/Year)

04/04/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

President and CEO

(Check all applicable)

below)

10% Owner

Other (specify

Applicable Line)

\_X\_\_ Director

X\_ Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

below)

WESTBURY, NY 11590

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

Indirect Beneficial Ownership (Instr. 4)

(9-02)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

(A) or

Transaction(s) (Instr. 3 and 4)

Common Stock

Code V Amount (D) Price

5,000

D

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securitie
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amous Numb Shares
2004 Stock Option Plan Right to Buy	\$ 0.22	04/04/2006		A	300,000	04/04/2006	04/03/2016	Common Stock	300,0
2004 Stock Option Plan Right to Buy	\$ 0.57	06/23/2005		A	91,228	05/31/2006	06/22/2015	Common Stock	91,2
1999 Stock Option Plan	\$ 1.09	10/04/2004		A	850,000	10/04/2004(1)	10/03/2014	Common Stock	850,0
1997 Stock Option Plan	\$ 1.09	10/04/2004		A	150,000	10/04/2004(2)	10/03/2014	Common Stock	150,0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Toporous o muor roumo / roumoss	Director	10% Owner	Officer	Other		
Thomas Glover C/O VASOMEDICAL, INC. 180 LINDEN AVENUE WESTBURY, NY 11590	X		President and CEO			
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## **Signatures**

/s/ Thomas Glover	04/06/2006		
**Signature of Reporting Person	Date		

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## **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) Options vest at the rate of 212,500 per year for four years begining October 4, 2005 and ending October 4, 2008.
- (2) Options vest at the rate of 37,500 per year for four years begining October 4, 2005 and ending October 4, 2008.

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.