VASOMEDICAL INC

Form 4 April 06, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

(Ctata)

(7:-

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HUI JOHN CK Issuer Symbol VASOMEDICAL INC [VASO] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction _X_ Director (Month/Day/Year) 10% Owner X_ Officer (give title _ Other (specify C/O VASOMEDICAL, INC., 180 04/04/2006 below) LINDEN AVENUE SVP and Chief Technology Offcr (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting WESTBURY, NY 11590 Person

(City)	(State) (2	Table	I - Non-D	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any		3. Transaction	4. Securities onAcquired (A) or Disposed of (D)		5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
		(Month/Day/Year)	(Instr. 8) Code V	(Instr. 3,	(A) or (D) Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock						789,322	I	H&L Living Trust (1)

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)

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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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amous Number Shares
2004 Stock Option Plan Right to Buy	\$ 0.22	04/04/2006		A	200,000	04/04/2006	04/03/2016	Common Stock	200,0
2004 Stock Option Plan-Right to Buy	\$ 0.58	09/21/2005		A	40,000	(2)	09/20/2015	Common Stock	40,0
2004 Stock Option Plan Right to Buy	\$ 0.57					05/31/2006	06/22/2015	Common Stock	29,5
1999 Stock Option Plan - Right to Buy	\$ 1.11					(3)	07/12/2014	Common Stock	50,0
1999 Stock Option Plan (Right to Buy)	\$ 3.96					(2)	07/11/2011	Common Stock	50,0
1997 Stock Option Plan (Right to Buy	\$ 1.91					(2)	03/11/2008	Common Stock	375,0
1997 Stock Option Plan (Right to Buy)	\$ 0.88					(2)	01/04/2009	Common Stock	70,0
1995 Stock Option Plan (Right to Buy)	\$ 3.44					(2)	05/31/2006	Common Stock	150,0

Reporting Owners

Reporting Owner Name / Address Relationships

Reporting Owners 2

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Director 10% Owner Officer Other

HUI JOHN C K C/O VASOMEDICAL, INC. 180 LINDEN AVENUE WESTBURY, NY 11590

SVP and Chief Technology Offcr

Signatures

/s/ John C. K.
Hui

**Signature of Pate Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

X

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares are owned by H&L Living Trust for the benefit of the reporting person's child. The reporting person and his spouse are the trustees of this trust.
- (2) These options vest over a three year-period at the rate of 33 1/3% per year, with the first options vesting one year from the date of grant.
- (3) The options become exercisable in four equal annual installments commencing on the first anniversary of the grant date.

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.

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