ANALOGIC CORP

Form 4 February 03, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

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Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * MODIC MICHAEL T

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

ANALOGIC CORP [ALOG]

(Check all applicable)

THE CLEVELAND CLINIC

(First)

3. Date of Earliest Transaction (Month/Day/Year)

02/01/2014

X_ Director 10% Owner Officer (give title Other (specify

FOUNDATION, DIV OF RADIOLOGY/HB6, 9500 EUCLID

AVE

4. If Amendment, Date Original

(Instr. 8)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Middle)

X Form filed by One Reporting Person Form filed by More than One Reporting

CLEVELAND, OH 44195

(City) (State) (Zip)

(Street)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially Owned Following

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

(A)

Reported Transaction(s)

Code V Amount (D) Price

(Instr. 3, 4 and 5)

(Instr. 3 and 4)

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 (9-02)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	2.	3. Transaction Date	3A. Deemed	4.		5. Numb	er	6. Date Exerc	cisable and	7. Title and A	Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ction			Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Deriva
Security	or Exercise		any	Code	į.							Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) .	Acquired						(Instr.
	Derivative				((A) or						
	Security]	Disposed of						
					(D)							
					(Instr. 3, 4,							
					:	and 5)						
				Code	v	(A)	(D)	Date	Expiration	Title	Amount	
				Couc	•	(A)	(D)	Exercisable	Date	TITLE	or	
								LACICISADIC	Date		Number	
											of	
											Shares	
											Silaics	
Deferred												
Stock	\$ 0	02/01/2014		Α		1,150		(1)	(2)	Common	1,150	\$
Units	ΨΟ	02/01/2014				1,150				Stock	1,150	Ψ
Ullits												

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MODIC MICHAEL T THE CLEVELAND CLINIC FOUNDATION DIV OF RADIOLOGY/ HB6, 9500 EUCLID AVE CLEVELAND, OH 44195	X						

Signatures

/s/ John J. Fry, by Power of Attorney For Michael T. Modic

02/03/2014

Date

**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).
- (1) The Reporting Person has elected, as permitted by the Issuer's Non-Employee Director Stock Plan, to receive the deferred stock units upon termination of his or her service as a member of the Board of Directors of the Issuer.
- (2) The Reporting Person has elected as permitted by the plan to receive the deferred stock units upon termination of his or her service as a member of the Board of Directors of the Issuer.

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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