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ONDIS AL	BERT W												
Form 4													
April 16, 20	007												
FORM	Λ4	~~.~~~~				~~~ .		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-	PPROVAL			
	• • UNITED	STATES		RITIES A Ashington			NGE	COMMISSIO	N OMB Number:	3235-0287			
Check t	his box		***	isinington	, D.C. 20	547				January 31,			
if no lor	nger STATEN	MENT OF	СНАР	NCES IN	RENEE	ICIA		WNERSHIP OF	Expires:	2005			
subject	10		CIIAI			ICIA			Estimated	Estimated average			
Section		SECURITIES								burden hours per			
Form 4 Form 5		mana ant ta C	a ati a m	1(a) = f + b	. Carri		Zer als as	h = h = h = f = 1024	response	0.5			
obligati	-							nge Act of 1934,					
may coi				•	•	-	•	of 1935 or Secti	on				
<i>See</i> Inst 1(b).	ruction	30(h)	of the I	nvestment	t Compar	ıy Ас	ct of 1	940					
(Print or Type	Responses)												
1. Name and	Address of Reporting	Person [*]	2. Issue	er Name an o	d Ticker or	Tradi	ng	5. Relationship	of Reporting Per	son(s) to			
ONDIS AI	LBERT W		Symbol	nbol				Issuer					
			ASTRO	O MED IN	NC /NEW	V/ [A	LOT]						
(Last)	(First) (Middle)	3. Date of Earliest Transaction					(Check all applicable)					
(Eust)	(1150)	(induite)		Day/Year)	ransaction			X Director	_X_ 10 ^o	% Owner			
600 E GR	EENWICH AVE	NUE	04/12/2	-				X Officer (give title Other (specify					
000 21 012			0 11 12/2	2007				below)	below)				
								Chief	f Executive Offi	cer			
	(Street)		4. If Am	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(M				onth/Day/Yea	r)			Applicable Line)					
								X Form filed by					
WEST WA	RWICK, RI 0289	93						Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned			
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)	Execution Date, if					r	Securities	Form: Direct	Indirect			
(Instr. 3)		any		Code Disposed of (D)				Beneficially	(D) or Indirect				
		(Month/Day/Year)		(Instr. 8)	(Instr. 3, 4	(Instr. 3, 4 and 5)		Owned	(I)	Ownership			
								Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)					
						or		(Instr. 3 and 4)					
				Code V	Amount	(D)	Price	(
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned di	rectly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Stock Option (Right to purchase)	\$ 11.45	04/12/2007		A		14,000		04/12/2008(1)	04/12/2017	Common Stock	14,00

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
ONDIS ALBERT W 600 E. GREENWICH AVENUE WEST WARWICK, RI 02893	Х	Х	Chief Executive Officer						
Signatures									
Margaret D. Farrell (Attorney-in- Ondis)	lbert W.	04/16/2007							

<u>**</u>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) This option is exercisable in four equal annual installments commencing April 12, 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.

Date