**KOPYT LEON** Form 4 October 04, 2010

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**SECURITIES** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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)

may continue.

See Instruction

1. Name and Address of Reporting Person \*

**KOPYT LEON** 

RCM TECHNOLOGIES INC [RCMT]

2. Issuer Name and Ticker or Trading

(Last) (First) (Middle)

(Zip)

2500 MCCLELLAN **AVENUE, SUITE 350** 

(Street)

(State)

3. Date of Earliest Transaction

(Month/Day/Year) 09/30/2010

Symbol

4. If Amendment, Date Original

Filed(Month/Day/Year)

OMB

Number:

Expires:

response...

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify

below) below) **CEO** 

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_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

PENNSAUKEN, NJ 08109

(City)

icu	Thom Derivative Securities Required, Disposed of, or Deficiently Owned					1401				
ture of	7. Nati	6. Ownership	5. Amount of	quired	ies Ac	4. Securit	3.	2A. Deemed	2. Transaction Date	1.Title of
ect	Indired	Form: Direct	Securities	of (D)	sposed	on(A) or Di	Transactio	Execution Date, if	(Month/Day/Year)	Security
ficial	Benefi	(D) or	Beneficially	(Instr. 3, 4 and 5)		Code	any		(Instr. 3)	
ership	Owner	Indirect (I)	Owned				(Instr. 8)	(Month/Day/Year)		
. 4)	(Instr.	(Instr. 4)	Following							
			Reported							
			Transaction(s)							
			(Instr. 3 and 4)	ъ.			G 1 17			
				Price	(D)	Amount	Code V			
		D	178 052	\$	٨	75 000	М		00/20/2010	Common
		D	470,932	1.73	А	75,000	1V1		09/30/2010	Stock
		D	152 157	\$	D	25,795	Б		00/20/2010	Common
		ט	433,137	5.03	ע	(1)	Г		09/30/2010	Stock
, ,,	(msu.	D D	Reported Transaction(s)	Price \$ 1.73 \$ 5.03	(A) or (D) A	Amount 75,000 25,795 (1)	Code V M		09/30/2010 09/30/2010	Stock Common

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

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.

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## 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 of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 1.73	09/30/2010		M		75,000	07/08/2010	07/08/2019	Common Stock	75,000

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 0	Director	10% Owner	Officer	Other			
KOPYT LEON 2500 MCCLELLAN AVENUE SUITE 350 PENNSAUKEN, NJ 08109	X		CEO				

### **Signatures**

Leon Kopyt by Kevin D. Miller POA 10/04/2010

\*\*Signature of Reporting Person Date

### **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 delivered shares of common stock to the Company to pay the exercise price for the option being exercised.
- (2) Option received as employment compensation.

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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