Edgar Filing: ASTRO MED INC /NEW/ - Form 4

	D INC /NEW/	/										
Form 4 August 06, 2	012											
										OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287			
Check this box if no longer										Expires:	January 31, 2005	
subject to Section 16. Form 4 or						BENEFI TIES	CIAI	NERSHIP OF	Estimated average burden hours per			
Form 5		pursuant to S	Section 10	5(a) of	the	Securiti	es Ex	chang	e Act of 1934,	response	0.5	
obligation may cont <i>See</i> Instru 1(b).	ns Section	17(a) of the		ility H	old	ing Com	pany	Act of	f 1935 or Sectio	n		
(Print or Type F	Responses)											
Estate of Albert W. Ondis Sys			2. Issuer Symbol	Name a	and '	Ticker or T	rading	5	5. Relationship of Reporting Person(s) to Issuer			
			ASTRO MED INC /NEW/ [ALOT]						(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					, 				
				Month/Day/Year))7/20/2012 4. If Amendment, Date Original					Director X 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing(Check			
(Street) 4. I												
WESTWAL	OWICE DI O	2002	Filed(Mon	th/Day/Y	(ear)				Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting Pe Aore than One Re		
WESI WAI	RWICK, RI 02	2893							Person			
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Yo	ear) Executio any	med on Date, if Day/Year)	3. Transa Code (Instr.		4. Securit n(A) or Dis (D) (Instr. 3, 4	sposed	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code	V	Amount	(D)	Price	(incur o unu i)			
Stock	07/20/2012			G <u>(1)</u>	V	30,000	D	\$0	1,457,848	D (2)		

Reminder: Report on a separate line for each class of securities beneficially owned directly 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)

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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)	4. Transacti Code (Instr. 8)	of	Expiration D (Month/Day, ive es id id	Expiration Date (Month/Day/Year)		8. Price of Derivative Security (Instr. 5)	
			Code V	(A) (D) Date Exercisable	Expiration Date	Title Amo or Num of Shar	ıber	

Reporting Owners

Reporting Owner Name / Address							
1 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other			
Estate of Albert W. Ondis 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893		Х					
Signatures							
Margaret D. Farrell (Attorney-in-fact for the Estate of Albert W. Ondis)							

**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 Form 4 is filed to report the distribution of shares from the Estate of Albert W. Ondis.
- Shares are held by the Estate of Albert W. Ondis and include 3,653 shares that are allocated to the account of Albert W. Ondis under the (2) issuer's Employee Stock Ownership Plan.

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.

012

Date