Edgar Filing: VASOMEDICAL INC - Form 4

VASOMEDICA	AL INC											
Form 4 October 31 200)5											
October 31, 2005 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). October 31, 2005 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5					
(Print or Type Resp	ponses)											
VISCUSI ANTHONY Symbol			Symbol	er Name and Ticker or Trading MEDICAL INC [VASO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 380 LEXINGO AVENUE, SU	DTN	(3. Date of ((Month/Da 10/27/20	ay/Year)		nsaction			X Director Officer (give below)	10%	o Owner er (specify	
(Street) 4. If Amo			4. If Amen	endment, Date Original			6. Individual or Joint/Group Filing(Check					
NEW YORK,	NY 10168	I	Filed(Mont	h/Day/Ye	ear)				Applicable Line) _X_ Form filed by 0 Form filed by M Person	One Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Table	I - Non	-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lv Owned	
	. Transaction Dat Month/Day/Year)		ed Date, if	3.	ctio 3)		es Ac posed	quired 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)	7. Nature of	
Common 1 Stock 1	0/27/2005			А		25,000	А	<u>(1)</u>	1,140,000	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
1999 Stock Option Plan, as amended	\$ 1.31	02/20/2004		A	25,000	(3)	10/29/2013	Common Stock	25,000
1999 Stock Option Plan	\$ 0.95	10/28/2004		А	25,000	(2)	10/27/2014	Common Stock	25,000
1999 Stock Option Plan	\$ 1	12/18/2002		А	15,000	(3)	12/17/2012	Common Stock	15,000
1999 Stock Option Plan	\$ 3.13	10/10/2001		А	15,000	(3)	10/09/2011	Common Stock	15,000
1999 Stock Option Plan	\$ 3.875	10/11/2000		А	15,000	(3)	10/10/2010	Common Stock	15,000
1999 Stock Option Plan	\$ 1.6875	07/13/1999		А	100,000	(3)	07/12/2009	Common Stock	100,000
1997 Stock Option Plan	\$ 0.875	01/05/1999		А	140,000	(3)	01/04/2009	Common Stock	140,000
1997 Stock Option Plan	\$ 1.9063	03/12/1998		A	100,000	(3)	03/11/2008	Common Stock	100,000
1995 Stock Option Plan	\$ 3.4375	06/17/1996		A	150,000	(3)	06/16/2006	Common Stock	150,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer Other				
VISCUSI ANTHONY 380 LEXINGOTN AVENUE SUITE 1700 NEW YORK, NY 10168	Х						
Signatures							
/s/ Anthony 10 Viscusi)/31/2005						

<u>**</u>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) Directors' annual fee.
- (2) Options vest in four equal annual installments.
- (3) Options vest in three equal annual installments.

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.