Ondis Albert W. III Form 4/A September 19, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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).

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Ondis Albert W. III Issuer Symbol ASTRO MED INC /NEW/ [ALOT] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner _ Other (specify Officer (give title 600 EAST GREENWICH AVENUE 09/16/2011 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year) 09/19/2011

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

Person

WEST WARWICK, RI 02893

(State)

(Zip)

	(City)	(State)	(Zip) Tabl	e I - Non-I	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
,	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securition Dispose (Instr. 3, 4)	ed 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 Indirect Beneficial Ownership (Instr. 4)
	Common Stock	09/16/2011		F(1)	32,174	D	\$ 7.13	1,526,545	D	
	Common Stock	09/16/2011		M	85,250	A	\$ 2.6909	1,611,795	D (2)	

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

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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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities 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 or Number of Shares
Stock Option (Right to purchase)	\$ 2.6909	09/16/2011		M	85,250	03/18/2002	03/18/2012	Common Stock	85,250

Reporting Owners

Reporting Owner Name / Address	Relationships					
. 9	Director	10% Owner	Officer	Other		
Ondis Albert W. III 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893		X				

Signatures

Margaret D. Farrell (Attorney-in-fact for Albert W. Ondis III) 09/19/2011

**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).
- The reporting person, as a Co-Administrator for the Estate of Albert W. Ondis (the "Estate"), delivered 32,174 shares of the issuer's common stock from the Estate to the issuer to pay the exercise price in connection with the exercise of options held by the Estate as reported herein.
- Includes (i) 1,487,848 shares which are held by the Estate of Albert W. Ondis of which the reporting person is a co-executor, (ii) 122,097 shares held directly by the reporting person, (iii) 1,658 shares held in trust for a child of the reporting person of which the reporting person is a trustee and (iv) 192 shares which are held under the issuer's employee stock ownership plan for the account of the reporting person.

Remarks:

This amended report is to correct Footnote 1 to state that shares were delivered to pay the exercise price, not taxes, on the exer 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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