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

ASTRO MED	NC /NEW/										
Form 4											
May 22, 2015											
FORM	4 UNITE	D STATES		ITIES Al hington,			NGE (COMMISSION		9PROVAL 3235-0287	
Check this if no longe						NERSHIP OF	Expires:	January 31, 2005			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or							Estimated a burden hou response	rs per			
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 1	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	·	0.0	
(Print or Type Ro	esponses)										
1. Name and Address of Reporting Person <u>*</u> Morawetz Michael			2. Issuer Name and Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 36396 STEINAU			3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015					Director 10% Owner X Officer (give title Other (specify below) VP - International Branches			
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
SUDENTEN	STRASSE, 2	M 12							More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	lecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Yo	ear) Executio any		Code (Instr. 8)		(A) of (D 4 and (A) or) 5)	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 Stock	05/20/2015			A A	Amount 5,172	(D) A	Price \$ 0 (1)	11,521	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Number of 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)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Morawetz Michael 36396 STEINAU SUDENTENSTRASSE, 2M 12			VP - International Branches					
Signatures								
Margaret D. Farrell (Attorney-ir Morawetz)	05/22/2015							
<u>**</u> Signature of Reporti	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) Restricted stock unit award made to the reporting person which vests in four equal annual installments on the anniversary of the grant date.

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.