

Ondis April
Form 4
September 19, 2011

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Ondis April

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)
C/O ASTRO-MED, INC., 600 EAST GREENWICH AVENUE

3. Date of Earliest Transaction (Month/Day/Year)
09/16/2011

____ Director
____ Officer (give title below)
 10% Owner
____ Other (specify below)

(Street)
PROVIDENCE, RI 02893

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock	09/16/2011		F ⁽¹⁾	32,174 D	\$ 7.13	1,525,183	D
Common Stock	09/16/2011		M	85,250 A	\$ 2.6909	1,610,433 ⁽²⁾	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.

SEC 1474 (9-02)

Edgar Filing: Ondis April - Form 4

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. Transaction Code (Instr. 8)	5. 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)		
				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

Director 10% Owner Officer Other

Ondis April
C/O ASTRO-MED, INC.
600 EAST GREENWICH AVENUE
PROVIDENCE, RI 02893

X

Signatures

Margaret D. Farrell (Attorney-in-fact for April Ondis)

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).

(1) 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 taxes in connection with the exercise of options held by the Estate as reported herein.

(2) 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) 122,098 shares held directly by the reporting person, and (iii) 487 shares which are held under the issuer's employee stock ownership plan for the account of the reporting person.

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.