#### **BIOCLINICA INC**

Form 3

February 29, 2012

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

**OMB** 

3235-0104

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Number:

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**OMB APPROVAL** 

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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 \*

JOHNSON GARRY D

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

02/22/2012

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

BIOCLINICA INC [BIOC]

(Check all applicable)

C/O BIOCLINICA, INC., Â 826

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

**NEWTOWN-YARDLEY ROAD** 

(Street)

(State)

Director \_X\_\_ Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

EVP and CTO Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

NEWTOWN, PAÂ 18940

1. Title of Security

(Instr. 4)

(City)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

Date

**Expiration Title** 

Amount or Number of Shares

Derivative Security Direct (D) or Indirect (I)

1

					(Instr. 5)	
Option to purchase common stock	(1)	(1)	Common Stock	30,000 (1) \$ (1)	D	Â
Restricted Stock Units	(2)	(2)	Common Stock	60,000 \$ (3)	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
• 9	Director	10% Owner	Officer	Other	
JOHNSON GARRY D					
C/O BIOCLINICA, INC.	â	â	EVP and CTO	Â	
826 NEWTOWN-YARDLEY ROAD	А	A	A EVF and CIO	A	
NEWTOWN, PA 18940					

# **Signatures**

/s/ Maria T. Kraus as attorney-in-fact 02/29/2012

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Includes multiple option grants with different exercise prices and vesting dates.
- Represents the February 10, 2012 grant of 60,000 restricted stock units, granted pursuant to the Company's 2010 Stock Incentive Plan.

  One-sixteenth of the RSU Award will vest every three months beginning on May 11, 2012 and ending on February 11, 2016 upon Participant's continuation of service through each such vesting date. The shares of Common Stock underlying the RSU Award will be issued on the vesting date or as soon as administratively practicable thereafter.
- (3) Each restricted stock unit represents a contingent right to receive one share of common stock of BioClinica, Inc. (the "Company"), par value \$0.00025

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#### **Remarks:**

Mr. Johnson was elected as an Executive officer of the Company on February 22, 2012.

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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