Edgar Filing: ROTH DOUGLAS A - Form 4

ROTH DOUG	GLAS A											
Form 4	011											
January 06, 2												
FORM	4 1111	FD STATE	S SECUP	TTIFS A	ND FY(יאדי	NCF	COMMISSION	т	PPROVAL		
	UNII	ED STATE		hington,			IGE		OMB Number:	3235-0287		
Check thi	s box		vv as	inington,	D.C. 20.					January 31,		
if no long	N I A I	FEMENT O	F CHAN	GES IN I	BENEFI	CIA		NERSHIP OF	Expires:	2005		
subject to Section 10					GES IN BENEFICIAL OWNERSHIP O SECURITIES					Estimated average		
Form 4 or				52001				burden hours per response 0.5				
Form 5	Filed	pursuant to	Section 10	6(a) of the	e Securiti	es Ez	kchang	ge Act of 1934,	reepeneen			
obligation may conti	18 Section	-						of 1935 or Section	n			
See Instru		30(h)) of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Drint an Tana D												
(Print or Type R	(esponses)											
1. Name and A	ddress of Repor	ting Person *	2 Issuer	Name and	Ticker or '	Fradin	a	5. Relationship of	f Reporting Per	son(s) to		
ROTH DOUGLAS A Symbol				ssuer Name and Ticker or Trading				Issuer	1 0			
			CETO CORP [ACET]									
				Date of Earliest Transaction				(Check all applicable)				
(Lust)	(1150)	(initiality)	(Month/D		ansaction			Director	109	% Owner		
				1/04/2011				_X_ Officer (give title Other (specify				
								below) Senior	below) Vice Pres. & C	FO		
	(Street)		4 If A mo	ndmant Da	to Original							
	(Succi)			ndment, Da th/Day/Year)	-			6. Individual or J Applicable Line)	onit/Oroup Fin	ng(Check		
			1 neu(mon	ui/Day/Teal)			_X_ Form filed by	One Reporting P	erson		
LAKE SUC	CESS, NY 1	1042						Form filed by M Person	More than One R	eporting		
	(State)	(7 :n)										
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of		Date 2A. De		3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/	Year) Executi any	ion Date, if	Transaction Code	onAcquired Disposed			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Insu: 5)		-	/Day/Year)	(Instr. 8)	(Instr. 3,		·	Owned	Indirect (I)	Ownership		
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	,				
Stock	01/04/2011			А	141 <u>(1)</u>	А	\$0	41,381	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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	lress		Relationships				
	Director	10% Owner	Officer	Other			
ROTH DOUGLAS A ONE HOLLOW LANE SUITE 201 LAKE SUCCESS, NY 110	042		Senior Vice Pres. & CFO				
Signatures							
/s/ Douglas A.							
Roth	01/06/2011						
<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) Represents premium shares earned on restricted stock originally issued in January 2007 pursuant to a Plan approved by the Company's shareholders.

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.