

VASOMEDICAL INC
Form 4
October 31, 2005

FORM 4

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

OMB APPROVAL

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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 *
VISCUSI ANTHONY

(Last) (First) (Middle)

380 LEXINGOTN AVENUE, SUITE 1700

(Street)

NEW YORK, NY 10168

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
VASOMEDICAL INC [VASO]

3. Date of Earliest Transaction (Month/Day/Year)
10/27/2005

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

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	10/27/2005		A	25,000 A 11	1,140,000	D	

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

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SEC 1474 (9-02)

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 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
1999 Stock Option Plan, as amended	\$ 1.31	02/20/2004		A		25,000		(3) 10/29/2013		Common Stock	25,000
1999 Stock Option Plan	\$ 0.95	10/28/2004		A		25,000		(2) 10/27/2014		Common Stock	25,000
1999 Stock Option Plan	\$ 1	12/18/2002		A		15,000		(3) 12/17/2012		Common Stock	15,000
1999 Stock Option Plan	\$ 3.13	10/10/2001		A		15,000		(3) 10/09/2011		Common Stock	15,000
1999 Stock Option Plan	\$ 3.875	10/11/2000		A		15,000		(3) 10/10/2010		Common Stock	15,000
1999 Stock Option Plan	\$ 1.6875	07/13/1999		A		100,000		(3) 07/12/2009		Common Stock	100,000
1997 Stock Option Plan	\$ 0.875	01/05/1999		A		140,000		(3) 01/04/2009		Common Stock	140,000
1997 Stock Option Plan	\$ 1.9063	03/12/1998		A		100,000		(3) 03/11/2008		Common Stock	100,000
1995 Stock Option Plan	\$ 3.4375	06/17/1996		A		150,000		(3) 06/16/2006		Common Stock	150,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
VISCUSI ANTHONY 380 LEXINGOTN AVENUE SUITE 1700 NEW YORK, NY 10168	X			

Signatures

/s/ Anthony Viscusi	10/31/2005
**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) Directors' annual fee.
 - (2) Options vest in four equal annual installments.
 - (3) Options vest in three equal annual installments.

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.