

VASOMEDICAL INC  
 Form 3  
 September 29, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

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,  
 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 * Efstathiou Tricia (Last) (First) (Middle)  C/O VASOMEDICAL, INC., 180 LINDEN AVENUE (Street)  WESTBURY, NY 11590 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/20/2006	3. Issuer Name and Ticker or Trading Symbol VASOMEDICAL INC [VASO.OB]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Financial Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	15,829	D	

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)  Date Exercisable	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
1999 Stock Option Plan 06/24/2000 <sup>(1)</sup>	06/23/2010	Option to Purchase 15,000 \$ 4.28	D Â
1999 Stock Option Plan 07/11/2001 <sup>(1)</sup>	07/10/2011	Option to Purchase 30,000 \$ 3.96	D Â
1999 Stock Option Plan 03/28/2003 <sup>(2)</sup>	03/27/2013	Option to Purchase 30,000 \$ 0.91	D Â
1999 Stock Option Plan 07/13/2004 <sup>(2)</sup>	07/12/2014	Option to Purchase 20,000 \$ 1.11	D Â
2004 Stock Option Plan 06/23/2005 <sup>(2)</sup>	06/22/2015	Options to Purchase 15,333 \$ 0.57	D Â
2004 Stock Option Plan 09/21/2005 <sup>(2)</sup>	09/20/2015	Option to Purchase 15,000 \$ 0.58	D Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Efstathiou Tricia C/O VASOMEDICAL, INC. 180 LINDEN AVENUE WESTBURY, NY 11590	Â	Â	Â Chief Financial Officer	Â

## Signatures

/s/Tricia Efstathiou 09/29/2006

\*\*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) Options vest in equal installments over three years.
- (2) Options vest on May 31, 2006

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.