

ASTRO MED INC /NEW/

Form 4/A

September 19, 2011

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

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

OMB APPROVAL

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Estate of Albert W. Ondis

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)
600 EAST GREENWICH AVENUE
(Street)

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

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

WEST WARWICK, RI 02893

4. If Amendment, Date Original
Filed(Month/Day/Year)
09/19/2011

6. Individual or Joint/Group Filing(Check
Applicable Line)
X Form filed by One Reporting Person
____ Form filed by More than One Reporting
Person

(City) (State) (Zip)

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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	09/16/2011		F ⁽¹⁾	32,174 D \$ 7.13	1,402,598	D	
Common Stock	09/16/2011		M	85,250 A \$ 2.6909	1,487,848	D ⁽²⁾	

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)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

Edgar Filing: ASTRO MED INC /NEW/ - Form 4/A

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
Estate of Albert W. Ondis 600 EAST GREENWICH AVENUE WEST WARWICK, RI 02893	X

Signatures

Margaret D. Farrell (Attorney-in-fact for the Estate of Albert W. 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 delivered 32,174 shares of the issuer's common stock to the issuer to pay the exercise price in connection with the exercise of options reported herein.
- (2) Shares are held by the Estate of Albert W. Ondis and include 3,653 shares that are allocated to the account of Albert W. Ondis under the issuer's Employee Stock Ownership Plan.

Remarks:

This amended report is to correct Footnote 1 to state that shares were delivered to pay the exercise price, not taxes, on the exercise of options.

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.