

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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(f) of the Investment Company Act of 1940

1. Name and Add	ress of Re	porting l	Person *	2.	. Iss	uer Nan	ne a	nd Ticke	r or Tradi	ng Symb	ol 5. Relation (Check all			Person(s)	to Issuer
C/O ASTROGREENWICE	(First) MED, I H AVE! (Street)	NUE 2893	00 E	3.	. Da	te of Ea	nrlies	3/19/20	NEW/ [ction (MM/ 012 riginal File	DD/YYYY	Directory Office below) 6. Individu Applicable L	or r (give title l ual or Joi ine)	below) _		(specify
(City)	(State)	(Zip)		Deriv	zativ	ze Secu	ritie	es Acquir	ed. Dispo	sed of. a	Form file		than One Rep	orting Perso	n
1.Title of Security (Instr. 3)				2. Tra Date	ans.	2A. Deemed Execution Date, if	ı C	Code Instr. 8)	4. Securities Acquired (A) Disposed of ((Instr. 3, 4 an	or (D) (Ins	mount of Securitions owing Reported Ttr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Security (Instr. 3) Conversion or Exercise Price of Price of Date Execution Date, if			4. Trans Code (Instr 8)	5. Number of Derivative Securities		A) or of (D)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of		8. Price of Derivative Security (Instr. 5) 8. Price of 9. Number of derivative Securities Beneficially Owned Following		10. II. N Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
Stock Option (Right to Purchase)	\$8.09	3/19/2012		Code A	V	(A) 600	(D)	(1)	3/19/2022	Common Stock	Shares 600	\$0	600	D	

Explanation of Responses:

(1) This option becomes exercisable in four equal annual installments commencing on the first anniversary of the grant date.

Reporting Owners

Describe Common Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ondis Albert W. III C/O ASTRO-MED, INC. 600 E GREENWICH AVENUE		X					
W WARWICK, RI 02893							

Signatures

Margaret D. Farrell (Attorney-in-Fact for Albert W. Ondis, III)

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. 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.