

# ASTRO MED INC /NEW/

## FORM 5

(Annual Statement of Changes in Beneficial Ownership)

Filed 2/14/2007 For Period Ending 12/31/2006

|             |   |
|-------------|---|
| Address     | 600 E GREENWICH AVE<br>WEST WARWICK, Rhode Island 02893 |
| Telephone   | 401-828-4000  |
| CIK         | 000008146   |
| Industry    | Computer Peripherals                                    |
| Sector      | Technology  |
| Fiscal Year | 01/31   |

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# FORM 5

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

OMB APPROVAL  
OMB Number: 3235-0362  
Expires: January 31, 2008  
Estimated average burden  
hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
 Form 3 Holdings Reported  
 Form 4 Transactions Reported

## ANNUAL 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 Address of Reporting Person * |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol       |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |  |  |
| <b>McGuinness John D</b>                  |         |          | <b>ASTRO MED INC /NEW/ [ALOT]</b>                        |  |  | <input type="checkbox"/> Director <span style="float:right"><input type="checkbox"/> 10% Owner</span><br><input checked="" type="checkbox"/> Officer (give title below) <span style="float:right"><input type="checkbox"/> Other (specify below)</span><br><b>Controller</b> |  |  |
| (Last)                                    | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY) |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  |  |  |
| <b>72 GATEWAY ROAD</b>                    |         |          | <b>12/31/2006</b>  |  |  | <input checked="" type="checkbox"/> Form Filed by One Reporting Person<br><input type="checkbox"/> Form Filed by More than One Reporting Person  |  |  |
| (Street)                                  |         |          | 4. If Amendment, Date Original Filed (MM/DD/YYYY)        |  |  |  |  |  |
| <b>NORTH KINGSTOWN, RI 02852</b>          |         |          |  |  |  |  |  |  |
| (City) (State) (Zip)                      |         |          |  |  |  |  |  |  |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. 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 Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|----------------|-----------------------------------|---------------------------|---|------------|----------|---|--|---|
|                                 |                |                                   |                           | Amount  | (A) or (D) | Price    |   |  |   |
| Common Stock                    | 9/29/2006      |                                   | P                         | 16  | A          | \$9.0801 | 16  | I  | Held in Employee Stock Ownership Plan                 |
| Common Stock                    | 10/31/2006     |                                   | P                         | 22  | A          | \$9.144  | 38  | I  | Held in Employee Stock Ownership Plan                 |
| Common Stock                    | 11/30/2006     |                                   | P                         | 22  | A          | \$9      | 60  | I  | Held in Employee Stock Ownership Plan                 |
| Common Stock                    | 12/29/2006     |                                   | P                         | 27  | A          | \$9.207  | 87  | I  | Held in Employee Stock Ownership Plan                 |

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

| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. 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 (MM/DD/YYYY) |                 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) |                            | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned at End of Issuer's Fiscal Year (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|----------------|-----------------------------------|---------------------------|--|-----|--|-----------------|---|----------------------------|--|---|--|--|
|  |  |                |                                   |                           | (A)  | (D) | Date Exercisable                                     | Expiration Date | Title   | Amount or Number of Shares |  |   |  |  |

**Explanation of Responses:**

**Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                   |       |
|--|---------------|-----------|-------------------|-------|
|  | Director      | 10% Owner | Officer           | Other |
| <b>McGuinness John D</b><br><b>72 GATEWAY ROAD</b><br><b>NORTH KINGSTOWN, RI 02852</b> |               |           | <b>Controller</b> |       |

**Signatures****Margaret D. Farrell (Attorney-in-fact for John D. McGuinness)****2/14/2007**

\*\* Signature of Reporting Person

Date

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.

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