

FORM 4

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

OMB APPROVAL
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[] 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 or
Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * Woods Gregory A <small>(Last) (First) (Middle)</small> 3 MONKS WAY <small>(Street)</small> MEDFIELD, MA 02052 <small>(City) (State) (Zip)</small>	2. Issuer Name and Ticker or Trading Symbol ASTRO MED INC /NEW/ [ALOT] 3. Date of Earliest Transaction (MM/DD/YYYY) <p align="center">5/20/2015</p>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> X Officer (give title below) <input type="checkbox"/> Other (specify below) Chief Executive Officer 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																									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																											
1. Title of Security (Instr. 3) Common Stock	2. Trans. Date 5/20/2015	2A. Deemed Execution Date, if any 	3. Trans. Code (Instr. 8) A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>V</th> <th>Amount</th> <th>(A) or (D)</th> <th>Price</th> </tr> <tr> <td align="center">A</td> <td align="center">30413</td> <td align="center">A</td> <td align="center">\$0</td> <td align="center">(1)</td> </tr> </table>	Code	V	Amount	(A) or (D)	Price	A	30413	A	\$0	(1)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) <p align="center">74700</p>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) <p align="center">D</p>	7. Nature of Indirect Beneficial Ownership (Instr. 4) 										
Code	V	Amount	(A) or (D)	Price																							
A	30413	A	\$0	(1)																							
Table II - Derivative Securities 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>V</th> <th>(A)</th> <th>(D)</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Code	V	(A)	(D)					5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Date Exercisable</th> <th>Expiration Date</th> <th>Title</th> <th>Amount or Number of Shares</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					6. Date Exercisable and Expiration Date 	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 Following Reported Transaction (s) (Instr. 4) 	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) 	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Code	V	(A)	(D)																								
Date Exercisable	Expiration Date	Title	Amount or Number of Shares																								

Explanation of Responses:

(1) Restricted stock unit award made to the reporting person which vests in four equal annual installments on the anniversary of the grant date.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Woods Gregory A 3 MONKS WAY MEDFIELD, MA 02052			Chief Executive Officer	

Signatures

Margaret D. Farrell (Attorney-in-fact for Gregory A. Woods)

5/22/2015

** 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.

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.