

# SAFEGUARD SCIENTIFICS INC

# Reported by **ZARRILLI STEPHEN T**

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 11/18/08 for the Period Ending 11/17/08

Address 435 DEVON PARK DR

**BLDG 800** 

**WAYNE, PA 19087** 

Telephone 6102930600

CIK 0000086115

Symbol SFE

SIC Code 6799 - Investors, Not Elsewhere Classified

Industry Misc. Financial Services

Sector Financial

Fiscal Year 12/31





] 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

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#### 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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ZARRILLI STEPHEN T						SAFEGUARD SCIENTIFICS INC [ SFE ]								C Direct	or	_	10% O	wner	
(Last)	(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								below)	X Officer (give title below) Other (specify below) Senior VP & CFO				
435 DEVON PARK DRIVE, BUILDING 800						11/17/2008								Schol VI	i a cro				
						4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)				
WAYNE, PA 19087-1945 (City) (State) (Zip)															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - Nor	1-De	eriv	ative	Securi	ties A	ΛCQ	quire	d, Dis	pose	ed of	, or Beneficiall	y Owned				
1.Title of Security (Instr. 3)  2. 7  Date			Trar ate	e Deemed		Code (		(A) or (Instr.	. Securities A A) or Dispose Instr. 3, 4 and (A) or		(D)		nount of Securities Beneficially Owned wing Reported Transaction(s) . 3 and 4)		Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock 11/3				1/17/2	17/2008			V	35000	<del>  ` ´</del>		8 (1)	35000			4) <b>D</b>			
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	Trans. Date	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				7. Title and Amour Securities Underly Derivative Security (Instr. 3 and 4)		Jnderlying Security d 4)	Derivative Security (Instr. 5)	of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	V	(A)	(D)	Date Exercisa			Expiration Date		Amou Share	unt or Number of		(s) (Instr. 4)	7)		

#### **Explanation of Responses:**

(1) The purchase price reported is the average purchase price paid for the shares. The shares were purchased at prices ranging from \$0.57 to \$0.61. Reporting person will provide, upon the request of the SEC staff, the issuer or its shareowners, full information regarding the number of shares purchased or sold at each separate price.

**Reporting Owners** 

Paperting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
ZARRILLI STEPHEN T 435 DEVON PARK DRIVE, BUILDING 800			Senior VP & CFO					
WAYNE, PA 19087-1945								

**Signatures** 

Stephen T. Zarrilli

11/18/2008

Date

\*\* Signature of Reporting Person

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.