#### Edgar Filing: ARRHYTHMIA RESEARCH TECHNOLOGY INC /DE/ - Form 4

#### ARRHYTHMIA RESEARCH TECHNOLOGY INC /DE/

Form 4

August 24, 2007

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **ROUSE JAMES E** 

2. Issuer Name and Ticker or Trading

Issuer

Symbol

ARRHYTHMIA RESEARCH TECHNOLOGY INC /DE/ [HRT]

(Check all applicable)

(Last) (First) 3. Date of Earliest Transaction

\_X\_\_ Director 10% Owner Other (specify Officer (give title

5. Relationship of Reporting Person(s) to

(Month/Day/Year)

C/O ARRHYTHMIA RESEARCH 08/24/2007 **TECHNOLOGY INC., 25 SAWYER** 

(Middle)

**PASSWAY** 

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

FITCHBURG, MA 01420

(City)	(State)	(Zip) Tabl	le I - Non-D	<b>D</b> erivative	Secui	rities Acqu	ired, Disposed of	, or Beneficiall	y 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)	(Instr. 3,	(A) or	d of (D)	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)
Common Stock	08/24/2007	08/24/2007	$S_{\underline{(1)}}$	Amount 500	(D)	\$ 13.15	22,500	D	
Common Stock	08/24/2007	08/24/2007	S(1)	700	D	\$ 13.1	21,800	D	
Common Stock	08/24/2007	08/24/2007	S <u>(1)</u>	800	D	\$ 13	21,000	D	
Common Stock	08/24/2007	08/24/2007	S(1)	6,000	D	\$ 12.823	15,000	D	

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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)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	1
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	ınt of	Derivative	į
	Security	or Exercise		any (Month/Day/Year)	Code	of	(Month/Day/	Month/Day/Year)		rlying	Security	
	(Instr. 3)	Price of			(Instr. 8)	) Derivativ			Securities		(Instr. 5)	į
		Derivative				Securities			(Instr.	. 3 and 4)		
		Security				Acquired						1
						(A) or						1
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										A		
										Amount		
						Date	Expiration	or Title Number				
							Exercisable Date					
					G 1 1	7 (A) (B)				of		
					Code \	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ROUSE JAMES E C/O ARRHYTHMIA RESEARCH TECHNOLOGY INC. 25 SAWYER PASSWAY FITCHBURG, MA 01420



## **Signatures**

James E. Rouse 08/24/2007

\*\*Signature of Date

Reporting Person

# **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) Tax planning purposes.

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.

Reporting Owners 2