Edgar Filing: PSYCHEMEDICS CORP - Form 4

| PSYCHEMI Form 4 | EDICS CORP | | | | | | | | | | |
|--|---|--|---------------------------------------|--|--|--|-------------|--|--|-----------------------------|--|
| May 13, 200 | ЛЛ | | ~~ ~~ ~~ ~~ | | | | | | OMB AF | PPROVAL | |
| UNITED STATES SE | | | | AITIES A | OMB Number: | 3235-0287 | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | CHAN ection 10 Public Ut | GES IN I SECUR 6(a) of the | Expires: Estimated a burden hour response | Expires: January 31 2005 Estimated average burden hours per | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| THISTLE WILLIAM R Sym | | | Symbol | Name and | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (Last) (First) (Middle) 3. Date | | | | ansaction | | | (Check all applicable) | | | |
| | HEMEDICS TION, 125 NAGO | | (Month/D 05/09/20 | - | | | | Director X Officer (give below) Sr. VP a | | Owner er (specify sel | |
| Filed(Mon | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| ACTON, M | | | | | | | | Person | | 1 0 | |
| (City) | (State) (| Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose | 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) | | |
| Common Stock, \$.005 Par Value | 05/09/2008 | | | М | 957 | A | \$ 13.68 | 11,561 | D | | |
| Common Stock, \$.005 Par Value | 05/09/2008 | | | F | 57 | D | \$ 16.85 | 11,504 | D | | |
| Common Stock, \$.005 Par | 05/09/2008 | | | S | 900 | D | \$ 17 | 10,604 | D | | |

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

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

number.

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | tionof Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Pri Deriv Secur (Instr |
|---|---|---|---|---------------------------------------|----------------------|----|--|--------------------|---|--|------------------------------------|
| | | | | Code V | (A) (I | D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (Right to Buy) | \$ 13.68 | 05/09/2008 | | М | 95 | 57 | <u>(1)</u> | 05/09/2012 | Common Stock, \$.005 Par Value | 957 | \$ |

Reporting Owners

Value

| Reporting Owner Name / Address | | | Relationships | |
|--|------------|-----------|-------------------------|-------|
| r of the test | Director | 10% Owner | Officer | Other |
| THISTLE WILLIAM R C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720 | | | Sr. VP and Gen. Counsel | |
| Signatures | | | | |
| Patrick J. Kinney, Jr. as attorney-in-fact for Thistle | or William | R. | 05/13/2008 | |
| **Signature of Reporting Person | | | Date | |
| | | | | |

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)

Persons who respond to the collection of

information contained in this form are not

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SEC 1474

(9-02)

Option became exercisable with respect to 25% of the shares on May 9, 2003 and with respect to an additional 25% on each of the next three anniversary dates thereafter.

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.