ASSEO LEE A Form 4 April 13, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

OMB APPROVAL

3235-0287

January 31,

OMB

Number:

Expires:

Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box

if no longer

subject to

Section 16.

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

(Print or Type Responses)

1. Name and Address of Reporting Person * **ASSEO LEE A**

2. Issuer Name and Ticker or Trading

Issuer

Symbol LYDALL INC /DE/ [LDL]

(Last)

(City)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

749 FUERA LANE, P.O. BOX 5598

(Street)

(State)

(First)

04/12/2006

X_ Director 10% Owner Other (specify Officer (give title below)

(Check all applicable)

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check Applicable Line)

4. If Amendment, Date Original Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

SANTA BARBARA, CA 93150-5598

| (City) | (State) | Table Table | e I - Non-D | erivative S | Securi | ties Acq | uired, Disposed (| of, or Beneficial | ly Owned |
|---------------------|---------------------|------------------------|-------------|-----------------------------|-----------|-----------------------|----------------------------|---------------------|------------------------|
| 1.Title of | 2. Transaction Date | | 3. | 4. Securi | | • | 5. Amount of | | 7. Nature of |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any | Code | on(A) or Disposed of (D) | | | Securities Beneficially | Form: Direct (D) or | Indirect Beneficial |
| (1115127-2) | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) | | Owned | Indirect (I) | Ownership | |
| | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | (A) | | Transaction(s) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 04/12/2006 | | M | 325 | A | \$ 6.5 | 48,538 | D | |
| Common Stock | 04/12/2006 | | M | 325 | A | \$ 8.69 | 48,863 | D | |

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

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

8. P Der Sec (Ins

| 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. Transactio Code (Instr. 8) | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 1 9 (|
|---|---|--------------------------------------|---|--|------------|-----|--|--------------------|---|--|------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option to Buy | \$ 6.5 | 04/12/2006 | | M | | 325 | 12/31/2002 | 05/08/2006 | Common Stock | 325 | |
| Option to Buy | \$ 8.69 | 04/12/2006 | | M | | 325 | 12/31/2003 | 05/08/2006 | Common Stock | 325 | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| ASSEO LEE A 749 FUERA LANE P.O. BOX 5598 SANTA BARBARA, CA 93150-5598 | X | | | | | |

Signatures

David Jacoboski, Attorney-in-fact for Lee A.
Asseo

**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).

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.

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