## Edgar Filing: MASUCCI ROBERT N - Form 4

MASUCCI I	ROBERT N										
Form 4											
March 05, 20	800										
FORM	14						NGEG	01 <b>11 11 11 11</b>	OMB AF	PROVAL	
	UNITED	Washington, D.C. 20549								3235-0287	
Check th if no long				Expires:	January 31, 2005						
subject to Section 1	SIAIE.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
Form 4 o	or							burden hour response	0.5		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	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									
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> MASUCCI ROBERT N			2. Issuer Name <b>and</b> Ticker or Trading Symbol INTRICON CORP [IIN]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)								(Check all applicable)			
C/O INTRI CORPORA ROAD		3. Date of Earliest Transaction (Month/Day/Year) 02/25/2008					_X_Director10% Owner Officer (give titleOther (specify below) below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check			
								Applicable Line) _X_ Form filed by One Reporting Person			
ARDEN HI	LLS, MN 55112	2						Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/25/2008			Р	2,000	А	\$ 7.2999	70,200	D		
Common Stock	02/26/2008			Р	8,000	А	\$ 7.1796	78,200	D		

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.

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

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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
MASUCCI ROBERT N C/O INTRICON CORPORATION 1260 RED FOX ROAD ARDEN HILLS, MN 55112	Х							
Signatures								
/s/ Scott Longval, attorney-in-fact	03/03/							
**Signature of Reporting Person	Dat	e						
Explanation of Responses:								
* If the form is filed by more than one concreting more on a set Instruction $A(h)(y)$								

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).

### **Remarks:**

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934 (as amended), the beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

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.