

PSYCHEMEDICS CORP  
Form 4  
March 12, 2014

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
SCHAFFER MICHAEL I

(Last) (First) (Middle)

C/O PSYCHEMEDICS CORPORATION, 125 NAGOG PARK

(Street)

ACTON, MA 01720

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
PSYCHEMEDICS CORP [PMD]

3. Date of Earliest Transaction  
(Month/Day/Year)  
03/10/2014

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
VP of Laboratory Operations

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)	
				(A) or (D)	Price			
				Code	V	Amount		
Common Stock, \$.005 Par Value	03/10/2014		M	10,250	A	\$ 14.4	48,945 <sup>(1)</sup>	D
Common Stock, \$.005 Par Value	03/10/2014		F	8,154	D	\$ 18.1	40,791 <sup>(1)</sup>	D
Common Stock, \$.005 Par	03/10/2014		F	735 <sup>(2)</sup>	D	\$ 18.1	40,056 <sup>(1)</sup>	D

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Value

Common Stock, \$\$.005 Par Value 03/10/2014 M 6,350 A \$ 14.4 46,406 <sup>(1)</sup> D

Common Stock, \$\$.005 Par Value 03/10/2014 F 5,051 D \$ 18.1 41,355 <sup>(1)</sup> 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.**

SEC 1474 (9-02)

**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. Transaction 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 (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
2000 Stock Option Plan	\$ 14.4	03/10/2014		M	10,250	05/24/2005 05/24/2015	Common Stock, \$.005 Par Value 10,250
2000 Stock Option Plan	\$ 14.4	03/10/2014		M	6,350	05/24/2005 05/24/2015	Common Stock, \$.005 Par Value 6,350

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SCHAFFER MICHAEL I C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720			VP of Laboratory Operations	

## Signatures

Patrick J. Kinney, Jr. as attorney-in-fact for Michael I.  
Schaffer

02/12/2014

\_\_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) Includes 531 DRIP shares

(2) Represents shares withheld to cover tax liability.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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