Edgar Filing: HITCHCOCK WILLIAM M - Form 4/A

| HITCHCOCK WILLIAN Form 4/A April 07, 2010 | M M | | | | | | |
|---|--|--|--|--|--|--|--|
| FORM 4 | | | | | | PPROVAL | |
| UNI | TED STATES | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | L OWNERSHIP O | Estimated a burden hou | Expires: January 31 200 Estimated average burden hours per response 0. | |
| abligations | n 17(a) of the | | lding Company | xchange Act of 1934 Act of 1935 or Sec t of 1940 | | | |
| (Print or Type Responses) | | | | | | | |
| 1. Name and Address of Rep HITCHCOCK WILLIA | Symbol Issuer Patient Safety Technologies, Inc | | | o of Reporting Per heck all applicable | Reporting Person(s) to k all applicable) | | |
| (Last) (First) C/O PATIENT SAFET TECHNOLOGIES, INC CAUFIELD PLACE, S | C., 5 | 3. Date of Earliest 7 (Month/Day/Year) 01/26/2010 | Fransaction | X Director Officer (g below) | | 6 Owner er (specify | |
| (Street) NEWTOWN, PA 18940 | 4. If Amendment, I Filed(Month/Day/Ye 01/28/2010 | - | Applicable Line _X_ Form filed | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) | (Zip) | Table I - Non- | Derivative Securi | ities Acquired, Disposed | d of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction (Month/Day/Y) | Date 2A. Deem 'ear) Execution any (Month/D | ed 3. Date, if Transaction Code ay/Year) (Instr. 8) | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5 (A) or | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |

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.

 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. Transact Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A Disposed of (Instr. 3, 4, 4 5) | A) or (D) | 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 |
| Stock option (right to buy) | \$ 1.4 | 01/26/2010 | | A | 200,000 | | <u>(1)</u> | 01/26/2020 | Common Stock | 200,000 |

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Reporting Owners

| | Relationships | | | | |
|--|---------------|--------------|---------|------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Othe | |
| HITCHCOCK WILLIAM M C/O PATIENT SAFETY TECHNOLOGIES, INC. 5 CAUFIELD PLACE, SUITE 102 NEWTOWN, PA 18940 | X | | | | |
| Signatures | | | | | |
| /s/ MARC L. ROSE FOR WILLIAM M. HITCHCOCK | (|)4/07/201 | 10 | | |

<u>**</u>Signature of Reporting Person

Date

er

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) The options vest over 48 months at a rate of 1/48th of the grant per month such that 100% of the options are fully vested and exercisable on January 26, 2014.

Remarks:

This amendment is being filed to correct the exercise price of the stock options granted on January 26, 2010 as reported on the Form 4 filed on January 28, 2010.

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.