Edgar Filing: BACOW LAWRENCE S - Form 4

| BACOW L | AWRENCE S | | | | | | | | | | |
|--|---------------------------|----------------------------------|-----------------------|--|-----------|--------------|--|---|------------------------|--|--|
| Form 4 | | | | | | | | | | | |
| May 19, 20 | 11 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check the | | | | | | Expires: | January 31, 2005 | | | | |
| if no lor subject | | MENT OF CH | | | FICL | AL OWN | NERSHIP OF | Estimated average | | | |
| Section | | | SECU | SECURITIES | | | | burden hour | | | |
| Form 4 Form 5 | | | 16() 6. | 1 0 | • . • | - 1 | | response 0. | | | |
| obligatio | ong * | rsuant to Section | | | | • | | | | | |
| may cor | ntinue. Section 17(| (a) of the Public $30(h)$ of the | • | • | - | • | 1935 or Section | | | | |
| <i>See</i> Inst 1(b). | ruction | 50(II) 01 uie | mvestmen | n Compa | iny A | Ct 01 194 | 0 | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| BACOW LAWRENCE S Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | | | | |
| (Last) | (First) (| Middle) 3. Dat | e of Earliest | Fransaction | 1 | | (Check | un uppheuolo |) | | |
| | | | h/Day/Year) | • | | | _X_Director10% Owner | | | | |
| | NIVERSITY, 161 DAVENUE | 05/17 | 7/2011 | | | | Officer (give the below) | below) | r (specify | | |
| | | | mendment, I | endment, Date Original 6. | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Month/Day/Ye | | | | | Applicable Line) | | | |
| MEDFORI | D, MA 02155 | | | | | | _X_ Form filed by Or Form filed by Mo Person | | | | |
| | (54-4-) | (7: | | | | | | | | | |
| (City) | (State) | (Zip) T | able I - Non- | -Derivativ | e Secu | irities Acqu | uired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date | | 3. | 3. 4. Securities Acquired (A) Transaction Disposed of (D) | | | | 6. | 7. Nature of | | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, i any | t Transaction Code | - | | | Securities Beneficially | 1 | Indirect Beneficial | | |
| (1150.5) | | (Month/Day/Year | | | | | Owned | Direct (D) Ow | Ownership | | |
| | | | | | | | Following | or Indirect | (Instr. 4) | | |
| | | | | | (A) | | Reported Transaction(s) | (I) (Instr. 4) | | | |
| | | | Code V | Amount | or (D) | Drice | (Instr. 3 and 4) | (| | | |
| Common | | | Code V | Amount | (D) | Price | | | | | |
| Stock, par | 05/17/2011 | | S | 434 | D | \$ | 434 | D | | | |
| value \$.01 | | | | | | 104.224 | 6 | | | | |

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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| 1 8 | Director | 10% Owner | Officer | Other | | | |
| BACOW LAWRENCE S TUFTS UNIVERSITY 161 PACKARD AVENUE MEDFORD, MA 02155 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Kelli A. DiLuglio, Attorney-in-Fact | | 05/19/20 |)11 | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Explanation of Re | spon | ses: | | | | | |

* 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.