DYNATRONICS CORP

Form 4 March 16, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

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 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> HANSEN E KEITH | | | Symbol | | | Ticker or ' | | C | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|--------------------------------------|---------------|---|---------------------------------|-----|--------------------------------------|--------|------------|--|--|---|--|
| (Last) (First) (Middle) 9600 S 1300 E #305 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2007 | | | | | | _X_ Director Officer (give below) | 10% | 6 Owner er (specify | |
| SANDY, U | (Street) JT 84094 | | 4. If Ame Filed(Mon | | | te Original | | | 6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person | | erson | |
| (City) | (State) | (Zip) | Table | e I - No | n-D | erivative S | Securi | ities Acc | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | Execution any | ned n Date, if Day/Year) | 3. Transa Code (Instr. | | 4. Securit n(A) or Di (D) (Instr. 3, | spose | d of | 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 Indirect Beneficial Ownership (Instr. 4) | |
| common stock | 03/15/2007 | | | A | V | 1,869 | A | \$ 1.07 | 173,819 | D | | |
| common stock | | | | | | | | | 30,000 | I | by pension plan | |
| | | | | | | | | | | | | |

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

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| | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|--------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transact Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | : | | Amou Under Securi (Instr. | lying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| • | Director | 10% Owner | Officer | Other | | | | |
| HANSEN E KEITH 9600 S 1300 E #305 | X | | | | | | | |
| SANDY, UT 84094 | | | | | | | | |

Signatures

/s/ E Keith
Hansen

**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).

Remarks:

Board member compensation - equity component

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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