Edgar Filing: VITAL SIGNS INC - Form 4

VITAL SIGNS INC

| Form 4 | INS INC | | | | | | | | | | | | | |
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| November 0 | 08, 2005 | | | | | | | | | | | | | |
| FORM | | | GECU | | 10 1 | | EVOI | | ECC | | | PPROVAL | | |
| | UNITEL |) STATES | | | | | EXCH 2. 20549 | | ECC | OMMISSION | OMB Number: | 3235-0287 | | |
| Check th if no lon | ger STATE | F CHAN | F CHANGES IN BENEFICIAL OWNEI | | | | | | | Expires: | January 31, 2005 | | | |
| Section 16. | | | | | SECURITIES | | | | | | Estimated average burden hours per | | | |
| Form 5 | Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | response | 0.5 | | | | | |
| obligatio | ons Section 17 | | | | | | | | • | 935 or Section | 1 | | | |
| may con <i>See</i> Instr | unue. | | of the In | • | | • | - | | | | | | | |
| 1(b). | | | | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssueTrust for the benefit of Stephen WallSymbol | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | VITAL | SIGN | NS II | NC [| VITL] | | | (Check | all applicable |) | | |
| (Last) (First) (Middle) 3. Date | | | | Date of Earliest Transaction | | | | | | () | | | | |
| | | | | th/Day/Year) | | | | | | DirectorX_ 10% Owner Officer (give title Other (specify | | | | |
| C/O VITAL SIGNS, INC., 20 08/19/2005 <u>— Officer (give title below)</u> Other (specify below) | | | | | | | | | | | | | | |
| | | | | f Amendment, Date Original | | | | | e | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | | Month/Day/Year) | | | | | | Applicable Line) | | | | |
| TOTOWA, NJ 07512 Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | |
| | | | | | | | | | F | Person | | | | |
| (City) | (State) | (Zip) | Tab | le I - N | lon-D | Deriva | ative Secu | urities | Acqui | ired, Disposed of, | or Beneficial | ly Owned | | |
| (Instr. 3) any | | | ned 1 Date, if 0ay/Year) | Code (Instr. 3, 4 and 5) H (Instr. 8) C | | | | | ed (A) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | (A) T or C | | Reported Transaction(s) (Instr. 3 and 4) | (I) (Instr. 4) | | | | | | |
| Common Stock | 08/19/2005 | | | G | | | 00,516 | | \$0 | 0 (1) | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and int of rlying ities . 3 and 4) | 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 | | |

Reporting Owners

| Reporting Owner Name / Addres | \$ | Relationships | | | | | | |
|---------------------------------------------------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Trust for the benefit of Stephen V C/O VITAL SIGNS, INC. 20 CAMPUS ROAD TOTOWA, NJ 07512 | Vall | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ Anthony Dimun, Trustee | 10/22/2005 | | | | | | | |
| <u>**</u> 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).
- The reporting person has transferred the above shares to Harlan Waksal, Trustee under the Trust Agreement dated April 25, 2005 for the
 (1) benefit of Stephen Wall, which has the same beneficiary as the reporting person. However, due to changes in the number of total outstanding shares of the issuer, the transferee will not be subject to Section 16 reporting requirements.

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.