## Edgar Filing: WITCOSKY IRVIN F - Form 4/A

WITCOSKY	IRVIN F											
Form 4/A												
April 05, 200	07											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31,		
if no long subject to		ENT O	F CHAN	GES IN I	BENEFICIAL OWNERSHIP OF				Estimated average			
Section 10				SECUR	ITIES				burden hours per			
Form 4 or	·								response 0.5			
Form 5	Filed purs	uant to S	Section 10	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,				
obligation may conti				•	<b>.</b> .			f 1935 or Sectio	n			
See Instru		30(h)	of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type R	(esponses)											
1 Name and A	ddress of Reporting P	Person *	2 Isauan	Nama and	Tielen en T			5 Relationship of	Reporting Per	son(s) to		
WITCOSKY IRVIN F Symbol				ssuer Name <b>and</b> Ticker or Trading ool ry Bros. Electronics, Inc. [HBE]				5. Relationship of Reporting Person(s) to Issuer				
<b>(-</b> ))			•			ic. [1]	IDLJ	(Chec	k all applicable	e)		
				Earliest Transaction			Director V 1000 Orman					
110 E DENN	N STREET		(Month/D 03/23/20	Day/Year)			DirectorX10% Owner Officer (give title Other (specify					
419 E. PENN STREET (			05/25/20					below) below)				
(Street) 4. If A			4. If Amer	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				iled(Month/Day/Year)				Applicable Line)				
03/27/2007 _X_Form filed by O							One Reporting Person lore than One Reporting					
LONG BEA	CH, NY 11561							Person		porting		
(City)	(State) (	Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Aco	uired, Disposed of	f or Beneficial	lv Owned		
1 77.41 0		24 D					-			-		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (D)			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect			
(Instr. 3)	(monus buy, rour)						. 01	Beneficially	(D) or	Beneficial		
							Owned	Indirect (I)	Ownership			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	03/23/2007			S	35,000	D	\$3	1,365,000	D			
Stock												
Common	03/23/2007			S	3,200	D	\$5	1,361,800	D			
Stock	0312312001			5	5,200	D	ψJ	1,501,000	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)

1. Title Derivati Security (Instr. 3	ve Conversion or Exercise	· · · · ·	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8)	5. tionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addre	255	Relationships						
	Director	10% Owner	Officer	Other				
WITCOSKY IRVIN F 419 E. PENN STREET LONG BEACH, NY 11561		Х						
Signatures								
/s/ Irvin F. Witcosky	04/04/2007							
<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).

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.