Edgar Filing: TRANSCAT INC - Form 4

| TRANSCAT | INC | | | | | | | | | | |
|---|--------------------------------|--------------------|---|---|--|----------|---------------------|--|--|-----------|--|
| Form 4 | | | | | | | | | | | |
| June 11, 2014 | | | | | | | | | OMB A | PPROVAL | |
| | | | | | ITIES AND EXCHANGE COMMISSION hington, D.C. 20549 | | | | OMB Number: | 3235-0287 | |
| Section 16. Form 4 or Form 5 Filed pursuant to Sec | | | | CHANGES IN BENEFICIAL OWN SECURITIES ction 16(a) of the Securities Exchange ablic Utility Holding Company Act of | | | | e Act of 1934, | Expires: Estimated a burden hou response | irs per | |
| may conti <i>See</i> Instru 1(b). | nue. | |) of the Inv | • | • | - · | | | 11 | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| BRADLEY FRANCIS R Symbo | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | TRANSCAT INC [TRNS] | | | | (Check all applicable) | | | |
| (| | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2014 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | (Street) | | | | ndment, Date Original hth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| ROCHESTE | ER, NY 14624 | 1 | | | | | | | More than One R | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | uired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Y | ear) Execution any | emed on Date, if /Day/Year) | 3. Transactic Code (Instr. 8) | | 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) | | |
| Common Stock, \$.50 par value | 06/09/2014 | | | Code V M | Amount 4,000 | (D) A | Price \$ 6.35 | 28,048 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. D S (I |
|---|---|---|---|--|---|--|--------------------|---|--|--------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option (Right to Buy) | \$ 6.35 <u>(1)</u> | 06/09/2014 | | М | 4,000 | 08/22/2010 | 08/22/2017 | Common Stock, par value \$.50 per share | 4,000 (1) | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | | | |
|--|------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| BRADLEY FRANCIS R C/O TRANSCAT, INC. 35 VANTAGE POINT DRIVE ROCHESTER, NY 14624 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Ebony S. Robinson, Attorney Bradley | 06/11/2014 | | | | | | | |
| **Signature of Report | | 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).

(1) This option was previously reported by Mr. Bradley.

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.