

Natalizia Michael J  
 Form 3  
 March 19, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
* Natalizia Michael J		(Month/Day/Year)	ASTRO MED INC /NEW/ [ALOT]	
(Last)	(First)	(Middle)	03/09/2012	
50 EDGEWATER ROAD			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
NARRAGANSETT, RI 02882			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) Vice President and CTO	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	6,841.65	D <sup>(1)</sup>	^

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Stock Option (Right to purchase)	04/19/2004	04/19/2014	Common Stock	2,062.5	\$ 8.7273	D	Â
Stock Option (Right to purchase)	03/21/2005	03/21/2015	Common Stock	937.5	\$ 6.768	D	Â
Stock Option (Right to purchase)	03/20/2006	03/20/2016	Common Stock	1,250	\$ 7.9316	D	Â
Stock Option (Right to purchase)	03/26/2007	03/26/2017	Common Stock	1,600	\$ 11.895	D	Â
Stock Option (Right to purchase)	04/01/2008	04/01/2018	Common Stock	1,000	\$ 8.95	D	Â
Stock Option (Right to purchase)	03/18/2009	03/18/2019	Common Stock	1,000	\$ 6.22	D	Â
Stock Option (Right to purchase)	03/15/2010	03/15/2020	Common Stock	1,000	\$ 7.36	D	Â
Stock Option (Right to purchase)	03/14/2011	03/14/2021	Common Stock	1,000	\$ 7.95	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Natalizia Michael J 50 EDGEWATER ROAD NARRAGANSETT, RI 02882	Â	Â	Â Vice President and CTO	Â

## Signatures

Adam J. Gwaltney (Attorney-in-fact for Michael J. Natalizia) 03/19/2012

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) Includes (i) 5437 shares which are held in the name of a broker for the benefit of the reporting person, (ii) 423.65 shares which are held under the issuer's employee stock ownership plan for the account of the reporting person, (iii) 857 shares which are held in an individual retirement account and (iv) 124 shares which are held under the issuer's employee stock purchase plan for the account of the reporting person.

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.