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WEINSTEIN	MARK L								
Form 4	• • • •								
February 16,								0145	
FORM	$ 4 _{\text{UNITED}}$	STATES S	SECU	DITIES /		CHANCE	E COMMISSIO	NT	APPROVAL
	UNITED	SIAILSS		shington				N OMB Number:	3235-0287 January 31,
Check thi if no long subject to Section 10 Form 4 or	er STATEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17((a) of the Pu	ublic U	tility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940		
(Print or Type R	Responses)								
1. Name and A WEINSTEIN	ddress of Reporting N MARK L	S	Symbol	er Name an LINICA II		-	5. Relationship Issuer		
(Last)	(First) (of Earliest T	-	-]	(Ch	eck all applica	ble)
C/O BIOCL	INICA, INC., 82 V-YARDLEY RO	26 (Day/Year)	Tansaction		X Director X Officer (gi below)		0% Owner Other (specify O
	(Street)			endment, D	-	1	6. Individual or	Joint/Group F	iling(Check
NEWTOWN	J, PA 18940	F	Filed(Mo	onth/Day/Yea	ır)		Applicable Line) _X_ Form filed by Form filed by Person	y One Reporting / More than One	
(City)	(State)	(Zip)			~ • •	~ • •		0 5 0	
(()))	(Suit)	(2.p)	Tab	ole I - Non-J	Derivative	Securities A	Acquired, Disposed	of, or Benefic	ally Owned
	2. Transaction Date (Month/Day/Year)		ate, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Indirect
Domindary D	ant on a commute 1'	for an-h -1	o of	uniting 1	ficialles	and diment	on in dine at les		
Keminder: Kepo	ort on a separate line	e for each clas	s of sec	urities bene	Perso inforn requir	ns who res nation con ed to resp lys a curre	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	De
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired or Dispos (D) (Instr. 3, 4 and 5)	sed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	(1)	02/11/2010		A		40,000		(2)	(2)	Common Stock	40,000

Reporting Owners

Reporting Owner Name / Address		Re	lationships	
	Director	Director 10% Owner Officer		Other
WEINSTEIN MARK L C/O BIOCLINICA, INC. 826 NEWTOWN-YARDLEY ROAD NEWTOWN, PA 18940	Х		President & CEO	
Signatures				
/s/ Maria T. Kraus as attorney-in-fact	02/16	5/2010		
**Signature of Reporting Person	Da	ite		

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) Each restricted stock unit represents a contingent right to receive one share of common stock of BioClinica, Inc. (the "Company"), par value \$0.00025.

Represents the grant of 40,000 restricted stock units, granted pursuant to the Company's 2002 Stock Incentive Plan, as amended and restated. One-twelfth of the RSU Award will vest on each three-month anniversary of the Award Date upon Participant's continuation of

(2) Testated. One-twenth of the KSO Award will vest on each three-month anniversary of the Award Date upon Farticipan's continuation of service through each such vesting date. The shares of Common Stock underlying the RSU Award will be issued on the vesting date or as soon as administratively practicable thereafter.

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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