Edgar Filing: OLUKOTUN ADEOYE Y - Form 4

OLUKOTUN A Form 4	ADEOYE Y									
May 13, 2011 FORM	UNITED	STATES		RITIES A			E COMMISSIO		PPROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement 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									urs per	
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u>*</u> OLUKOTUN ADEOYE Y			2. Issuer Name and Ticker or Trading Symbol BIOCLINICA INC [BIOC]				5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O BIOCLIN NEWTOWN-	3. Date of Earliest Transaction (Month/Day/Year) 05/11/2011			(Check all applicable) <u>X</u> Director Officer (give title below) Differ (specify below)						
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) NEWTOWN, PA 18940				al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities /	Person Acquired, Disposed	of. or Beneficia	lly Owned	
	Transaction Date lonth/Day/Year)	2A. Deeme Execution I any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	ties (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Report	on a separate line	e for each cla	ass of sec	urities bene	Perso infor requi	ons who re nation con red to resp ays a curre	or indirectly. spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not rm	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)	instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	05/11/2011		А	10,000 (2)		(2)	(2)	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
I get the second	Director	10% Owner	Officer	Other		
OLUKOTUN ADEOYE Y C/O BIOCLINICA, INC. 826 NEWTOWN-YARDLEY ROAD NEWTOWN, PA 18940	Х					
Signatures						
/s/ Maria T. Kraus as attorney-in-fact	05/13/2011					

**Signature of Reporting Person

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).

Date

(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 automatic grant of 10,000 restricted stock units, granted pursuant to the Company's 2010 Stock Incentive Plan upon election to the Board of Directors at the Annual Meeting of Stockholders on May 11, 2011, determined by using the closing price on May

- (2) 11, 2011. The restricted stock units shall vest as follows: 10,000 units shall vest in one-twelfth (1/12) increments monthly until May 11, 2012; provided, however, that the shares underlying the restricted stock units shall not be issued to the directors until the director's cessation of service on the Board of Directors.
- (3) Represents only those shares underlying the restricted stock units. The director may beneficially own BIOC securities not required to be recorded herein.

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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