## Edgar Filing: ORBIT INTERNATIONAL CORP - Form 4

ORBIT INTERNATIONAL CORP Form 4 October 22, 2014 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading ELKHORN PARTNERS LIMITED Issuer Symbol PARTNERSHIP ORBIT INTERNATIONAL CORP (Check all applicable) [orbt] 3. Date of Earliest Transaction (Last) (First) (Middle) Director X 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) ELKHORN PARTNERS LIMITED 10/20/2014 PARTNERSHIP, 2222 SKYLINE DRIVE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) Form filed by One Reporting Person X\_ Form filed by More than One Reporting ELKHORN, NE 68022 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities (Instr. 3) Code Beneficially (D) or Beneficial any (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common Ρ Stock, \$.10 10/20/2014 300 A 1,219,900 D<sup>(1)</sup> 2.45 par value Common Stock, \$.10 45,000 D (2) par value

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

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#### 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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;		7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
_			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Reporting Owners

Reporting Owner Name / Address		Relations			
	Director	10% Owner	Officer	Other	
ELKHORN PARTNERS LIMITED PARTNERSHIP ELKHORN PARTNERS LIMITED PARTNERSHIP 2222 SKYLINE DRIVE ELKHORN, NE 68022		Х			
PARSOW ALAN S 2222 SKYLINE DRIVE ELKHORN, NE 68022	Х				
Signatures					
/s/ Elkhorn Partners Limited Partnership, by Parsow M Alan S. Parsow, Sole Manager	10/22/2014				
<u>**</u> Signature of Reporting P	Date				
/s/ Alan S. Parsow					10/22/2014

/s/ Alan S. Parsow

\*\*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).

These securities are owned by Elkhorn Partners Limited Partnership, which is a member of a "group" with Alan S. Parsow, the sole manager of Parsow Management LLC, the general partner of Elkhorn Partners Limited Partnership. Mr. Parsow may be deemed to

- (1) beneficially own, but only to the extent he has a pecuniary interest in these securities. Mr. Parsow disclaims beneficial ownwership of these securities to the extent of his pecuniary interest therein.
- (2) These securities are owned soley by Mr. Parsow in an individual retirement account.

Date

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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.