Edgar Filing: ZARRILLI STEPHEN T - Form 4

| ZARRILLI | STEPHEN T | | | | | | | | | | | |
|---|------------------------|-------------|----------------|--|------------|---|------------------|---|---------------------|-------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| September 1 | 16, 2008 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB AF | OMB APPROVAL | | | | |
| | Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check the check | ger | - | | | | | | | Expires: | January 31, | | |
| subject t | - NIATHN | MENT OF | CHAN | NGES IN BENEFICIAL OWNI | | | | ERSHIP OF | Estimated a | 2005 Iverage | | |
| | Section 16. | | | | SECURITIES | | | | burden hours per | | | |
| Form 4 Form 5 | | manant to C | action 1 | f(a) of the | Second | itian I | Trobonco | A at of 1024 | response | 0.5 | | |
| obligatio | - | | | | | | - | Act of 1934, 1935 or Section | | | | |
| may cor | lunue. | | | • | • | - | ct of 1940 | | l | | | |
| <i>See</i> Insta 1(b). | ruction | 50(11) | | rvestment | . Compa | | | , | | | | |
| 1(0) | | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | er Name and Ticker or Trading | | | 8 | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| LAKKILLI | SIEPHEN I | | Symbol | | | | | 135001 | | | | |
| NUTR | | | | AI SYSTEM INC /DE/ [NTRI] | | | | (Check all applicable) | | | | |
| (Last) | (First) (| | | f Earliest T | ransaction | 1 | | | | | | |
| 500 NORTH GULPH ROAD (Month/ 09/12/2 | | | | n/Day/Year) | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | |
| | | | 09/12/2 | 2008 | | | | below) below) | | | | |
| | | | 4. If Ame | nendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | onth/Day/Year) | | | | Applicable Line) | | | | | |
| _X_ Form filed by O KING OF PRUSSIA, PA 19406 Form filed by M Parson | | | | | | ne Reporting Person ore than One Reporting | | | | | | |
| KING OF I | PRUSSIA, PA 19 | 400 | | | | | 1 | Person | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | e Secu | rities Acqu | ired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date | 2A. Deeme | ed | 3. | 4. Securi | ties A | cquired (A) | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | | Date, if | Transactio | | | | Securities | Ownership | Indirect | | |
| (Instr. 3) any (Month/Day/Year) | | | v/Vear) | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Beneficially Owned | Form: Direct (D) | Beneficial Ownership | | |
| | | | ly/ I cal) | | | | | Following | or Indirect | (Instr. 4) | | |
| | | | | | | (A) | | Reported | (I) | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | | |
| a | | | | Code V | Amount | (D) | Price | (insu: 5 and 4) | | | | |
| Common | 00/12/2008 | | | S | 1 125 | D | \$ | 0.022 | D | | | |
| shares, .001 | 09/12/2008 | | | 3 | 4,425 | D | 16.8129 | 9,022 | D | | | |
| .001 | | | | | | | | | | | | |

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)

| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|--|--|--------------------|---|--|---|---|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | | |
|--|-----------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| ZARRILLI STEPHEN T 500 NORTH GULPH ROAD KING OF PRUSSIA, PA 1940 | X 06 | | | | | | | |
| Signatures | | | | | | | | |
| /s/ David D 09 Clark 09 | 9/16/2008 | | | | | | | |
| **Signature of Reporting Person | 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).

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.