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PSYCHEME	EDICS CORP										
Form 4	-										
May 14, 200	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	1B APPROVAL		
		DSIAIE		hington,			NGE (_01v11v1155101v	OMB Number:	3235-0287	
Check th	is box		vv as	migton,	D.C. 20	547				January 31,	
if no long		EMENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP					Expires. 200		
subject to Section 1)			SECURITIES					Estimated average burden hours per		
Form 4 o									response 0.5		
Form 5	Filed p	oursuant to	Section 16	6(a) of the	e Securit	ies E	xchang	ge Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Sectio	n		
See Instru		30(h)) of the Inv	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type I	Responses)										
(I fine of Type I	(coponses)										
1. Name and A	ddress of Reporti	ng Person <u>*</u>	2. Issuer	Name and	Name and Ticker or Trading 5. Relationship of				f Reporting Per	son(s) to	
THISTLE WILLIAM R Symbol								Issuer			
			PSYCH	EMEDIC	S CORP	[PM	[D]	(Cha)	lt all annliaghl	.)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cheo	ck all applicable	:)	
			(Month/D	ay/Year)				Director		Owner	
C/O PSYCHEMEDICS 05/12/20				2008				XOfficer (give titleOther (specify below) below)			
	TION, 125 NA	GOG							and Gen. Coun	sel	
PARK											
			4. If Amer	endment, Date Original			6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
ACTON, M	A 01720								More than One Re		
	A 01720							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if	Transactio		ispose	d of	Securities	Form: Direct			
(Instr. 3)	any (Month/Day/Year)			Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	× /	Beneficial Ownership	
		(infolial	Duy I cui)	(11301.0)	(1150.5,	i una	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price				
Common Stock							¢				
Stock, \$.005 Par	05/12/2008			F	873	D	\$ 16.5	9,731	D		
Value							10.5				

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.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	umber Expiration Date (Month/Day/Year) erivative scurities cquired a) or (D)		Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships		
	Director	10% Owner	Officer	Other	
THISTLE WILLIAM R C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720			Sr. VP and Gen. Counsel		
Signatures					
Patrick J. Kinney, Jr. as attorney-in-fact for Thistle	r William	R.	05/14/2008		
**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.