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Anderson Ari	k Allan										
Form 4											
July 28, 2010	1										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								COMMISSION	OMB	PPROVAL 3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATE 5. Filed pu ^s Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								Expires: January 3 Expires: 20 Estimated average burden hours per response	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Anderson Arik Allan			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
	SOMAN	ANETICS CORP [SMTS]					(Check all applicable)				
(Last) C/O SOMAN CORPORAT CENTER DI	NETICS TION, 2600 TR	(Middle) OY	3. Date of (Month/D 07/27/20	-	ransactio	1			Director X Officer (give below) Sr. VP R		o Owner er (specify ttions
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
TROY, MI 4	8084								Form filed by M Person		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivativ	e Sec	curiti	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	emed on Date, if Day/Year)	3. Transact Code (Instr. 8) Code	ion(A) or (D) (Instr.	Disp 3, 4 a	osed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Shares	07/27/2010			U	22,40		D	\$ 25	0	D	

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

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 18.93	07/27/2010		D	18,000	<u>(1)</u>	11/02/2017	Common Shares	18,000
Employee stock option (riight to buy)	\$ 14.77	07/27/2010		D	18,000	(2)	04/23/2019	Common Shares	18,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Anderson Arik Allan C/O SOMANETICS CORPORATION 2600 TROY CENTER DRIVE TROY, MI 48084			Sr. VP R & D and Operations				
Signatures							

Arik A. 07/28/2010 Anderson

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).

The option vested in five equal annual installments commencing 11/2/08 and the unvested portion of the option became exercisable upon (1) change of control pursuant to acceptance of the shares in the tender offer pursuant to the agreement and plan of merger between Somanetics and Covidien announced on June 16, 2010

The option vested in five equal annual installments commencing 4/23/10 and the unvested portion of the option became exercisable upon (2) change of control pursuant to acceptance of the shares in the tender offer pursuant to the agreement and plan of merger between Somanetics and Covidien announced on June 16, 2010

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.