Edgar Filing: ICAD INC - Form 4

ICAD INC Form 4 July 20, 200	07										
FORM	ЛД								OMB AF	PROVAL	
	UNIII	ED STATE			ND EXCH D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER				NERSHIP OF	Estimated average 2005		
Section 16. SECURI					ITIES			burden hour	•		
Form 4 or							response	0.5			
	Form 5 obligations 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										
may con	tinue. Section			•	• •				1		
See Inst	ruction	30(n) of the Inv	estment	Company	Act	DI 194	0			
1(b).											
(Print or Type	Responses)										
(),											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relations							5. Relationship of	ip of Reporting Person(s) to			
Ferry Kenn	eth M		Symbol	e e e e e e e e e e e e e e e e e e e				Issuer			
-				AD INC [icad]				(Chast all applicable)			
(Last)	(First)	(Middle)	3. Date of I	 Farliest Tr	ansaction			(Chec	k all applicable)	
()	()	()	(Month/Da		ansaction			X Director	10%	Owner	
				18/2007				X Officer (give title Other (specify			
ROAD, SUITE 100							below) below) President, CEO				
	(Street)		1 If Amon	dmant Da	ta Original				, , , , , , , , , , , , , , , , , , ,	c (Chaola	
				Amendment, Date Original d(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)				
Fileu(Mol				Month/Day/Year)				_X_ Form filed by One Reporting Person			
NASHUA,	NH 03062							Form filed by M	lore than One Re	porting	
								Person			
(City)	(State)	(Zip)	Table	I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee		3.	4. Securities			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y				n(A) or Disp		of (D)	Securities	Form: Direct		
(Instr. 3) any (Month/Day/X				Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(iviolitii/	Day/Tear)	(IIIsti. 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	07/18/2007			А	200,000 (1)	А	\$0	260,000	D		

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)

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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)	Derivative		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 Number Shares
Employee Stock Option (right to buy)	\$ 3.89	07/18/2007		A	200,000		(2)	07/18/2012	Common Stock	200,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
hepoting o when theme the top	Director	10% Owner	Officer	Other			
Ferry Kenneth M C/O ICAD INC. 98 SPIT BROOK ROAD, SUITE 100 NASHUA, NH 03062	Х		President, CEO				
Signatures							
/s/ Annette Heroux, Attorney-in-Fact	07/20/	2007					
<u>**</u> 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).
- (1) Restricted stock award granted pursuant to iCAD's 2007 Stock Incentive Plan.
- (2) The options are exercisable in three equal annual installments beginning July 18, 2008.

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.