## Edgar Filing: PSYCHEMEDICS CORP - Form 4

PSYCHEME	EDICS CORP										
Form 4											
May 14, 200	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	OMB APPROVAL			
. •	UNITE	D STATE:					NGE	COMMISSION	-	3235-0287	
Check th	is box		vv as	shington, D.C. 20549					Number: Expires:	January 31	
if no long		EMENT O	FCHAN	CES IN I	SES IN BENEFICIAL OWNERSHIP OF					2005	
subject to	)		T CHAIN	SECURITIES				Estimated average burden hours per response 0.5			
Section 1 Form 4 o				SECONTIES							
Form 5	-	pursuant to	Section 16	b(a) of the	e Securit	ies Ez	chang	ge Act of 1934,	response	0.0	
obligation	ns Section	•						of 1935 or Section	on		
may cont See Instru	inue.		) of the Inv	•	•	· ·					
1(b).	action					-					
(Print or Type I	Responses)										
1 Mana and A	d duran of Dour of							5 Deletienshin e	f D D	(-) +-	
1. Name and Address of Reporting Person <u>*</u> CONNICK HARRY F SR				2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			Symbol PSYCHEMEDICS CORP [PMD]				וח				
							נט				
(Last)	(First)	(Middle)		Earliest Transaction					100		
				(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
C/O PSYCHEMEDICS 05/ CORPORATION, 125 NAGOG			05/10/20	05/10/2007				below) below)			
PARK	11011, 125 117	1000									
(Street) 4.			4. If Amendment Date Original					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
				4. If Amendment, Date Original Filed(Month/Day/Year)							
	T fied(Moli										
ACTON, M	A 01720								More than One R	eporting	
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ities		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		ion Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	1 ( )			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Infolial	(Day) (Cal)	(11150.0)	(1130. 5,	- and	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common											
Stock,	05/10/2007			А	2,000	А	\$0	3,300	D		
\$.005 Par					(1)		÷ Ŭ	- ,			
Value											

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. Transactic Code (Instr. 8)	of	;	Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
CONNICK HARRY F SR C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720	Х							
Signatures								
Patrick J. Kinney, Jr. as attorney-in-fact for Connick	05/14/2007							

\*\*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).
- Represents restricted stock units that are to be settled solely in shares of Common Stock. The units vest with respect to 50% of the shares (1) on April 30, 2008 and with respect to the remaining 50% on April 30, 2009, so long as the recipient continues in service on the Board of Directors through each respective vesting date.

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.

**Reporting Owners** 

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Date