Ondis April Form 4 August 01, 2017

## FORM 4

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB**

Washington, D.C. 20549 Number:

Check this box if no longer subject to Section 16. Form 4 or

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 30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

Form 5

obligations

may continue.

See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \* Ondis April

(First) (Middle)

C/O ASTRONOVA, INC., 600 E **GREENWICH AVENUE** 

(Street)

(Zip)

(State)

2. Issuer Name and Ticker or Trading Symbol

AstroNova, Inc. [ALOT]

3. Date of Earliest Transaction (Month/Day/Year)

07/31/2017

4. If Amendment, Date Original

Filed(Month/Day/Year)

Issuer

5. Relationship of Reporting Person(s) to

(Check all applicable)

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

\_X\_\_ Director 10% Owner Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

W WARWICK, RI 02893

(City)	(State)	(Zip) Tabl	e I - Non-I	Derivative Securities	Acquired, Dispose	d of, or Benefic	ially Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if		4. Securities onAcquired (A) or	5. Amount of Securities	6. Ownership Form: Direct	Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)	Beneficially Owned Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				(A) or	Reported Transaction(s) (Instr. 3 and 4)		
Common	07/31/2017		Code V A	Amount (D) Pri 1,177 A \$ (	ce `	D	
Stock	07/31/2017		A	(1) A \$ (	132,030	D	Held in

Common Stock

Ι

Stock Ownership Plan

**Employee** 

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

790

SEC 1474 (9-02)

### Edgar Filing: Ondis April - Form 4

#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Code V	(A) $(D)$				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
noporomg o who rame, rame on	Director	10% Owner	Officer	Other		
Ondis April C/O ASTRONOVA, INC. 600 E GREENWICH AVENUE W WARWICK, RI 02893	X					

### **Signatures**

/s/ Margaret V. Boericke, by power of attorney 08/01/2017

\*\*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 made to the reporting person pursuant to the Amended and Restated Non-Employee Director Annual Compensation Program, which vests on the date that is three months following the date of grant.

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.

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