#### STAFFORD C RICHARD

Form 4 January 04, 2006

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 5

obligations may continue. See Instruction 1(b).

(Print or Type Responses)

(Last)

(City)

Security

(Instr. 3)

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. Name and Address of Reporting Person \* STAFFORD C RICHARD

2. Issuer Name and Ticker or Trading Symbol

DERMA SCIENCES, INC. [DSCI]

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

DERMA SCIENCES, INC., 214 CARNEGIE CENTER, SUITE 100

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

12/30/2005

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner Other (specify

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

X\_ Director

Officer (give title

PRINCETON, NJ 08450

1.Title of

(State)

(Month/Day/Year)

2. Transaction Date 2A. Deemed 3. Execution Date, if (Month/Day/Year)

(Zip)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date** of Underlying Security or Exercise any Code Securities (Month/Day/Year) Securities

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	d of			(Instr. 3 and	4)
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
stock option (right to buy)	\$ 0.9	12/30/2005		<u>J(1)</u>	5,000 (2)		12/30/2005	05/22/2013	common stock	5,000
stock option (right to buy)	\$ 0.7	12/30/2005		<u>J(1)</u>	10,000 (2)		12/30/2005	06/08/2014	common stock	10,000
stock option (right to buy)	\$ 0.42	12/30/2005		<u>J(1)</u>	15,000 (2)		12/30/2005	05/25/2015	common stock	15,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
STAFFORD C RICHARD DERMA SCIENCES, INC., 214 CARNEGIE CENTER, SUITE 100	X						
PRINCETON, NJ 08450							

# **Signatures**

C. Richard Stafford, by Raymond C. Hedger, Jr., Attorney In Fact 01/04/2006

\*\*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) Accelerated vesting of previously reported option.
- (2) Represents a portion of a previously reported option grant which has vested earlier than the vesting schedule originally reported.
- (3) The options were issued in consideration of the reporting person's services to the issuer and without payment of cash consideration.

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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