UTAH MEDICAL PRODUCTS INC

Form 4/A May 25, 2005

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

0.5

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

SECURITIES

burden hours per response...

Form 4 or Form 5 obligations may continue. See Instruction

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).

(Print or Type Responses)

1. Name and Address of Reporting Person * RICHINS PAUL O

(First)

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

UTAH MEDICAL PRODUCTS INC

(Check all applicable)

[UTMD]

(Last)

(Middle)

3. Date of Earliest Transaction

X Director 10% Owner Other (specify

VP, Treasurer, Asst Secretary

(Month/Day/Year) 05/13/2005

X_ Officer (give title below) below)

7043 SOUTH 300 WEST

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person

6. Individual or Joint/Group Filing(Check

05/17/2005

Form filed by More than One Reporting

(T)

(Instr. 4)

Person

Issuer

MIDVALE, UT 84047

(City) (State) (Zip)

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

Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially

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

(Instr. 4)

(Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

Following Reported

(A) Transaction(s) (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.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number Transactionof Code Derivative

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities Derivative Acquired Security (A) or Disposed of (D) (Instr. 3, 4, and 5) (A) (D) Date Exercisable Expiration Title Amount Date or Number of Shares

Employee

Stock \$ 21.68 05/13/2005 A 400 04/01/2009(2) 05/13/2015 Common Stock

400

Option (1)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---------------------------------------|---------------|-----------|-------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| RICHINS PAUL O 7043 SOUTH 300 WEST | X | | VP, Treasurer, Asst Secretary | |
| MIDVALE, UT 84047 | | | | |

Signatures

/s/ Paul O.
Richins

**Signature of Reporting Person

O5/25/2005

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) Right to buy, with tandem tax withholding right.
- (2) Option will vest 25% on 4/1/06, and at an additional 6.25% on 7/1/06 and on the first day of each calendar quarter thereafter. Fully exercisable on 4/1/09.
- (3) This amended filing corrects column 9 of Table II from 29,000 on the original filing.

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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