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Schwartz James A	4									
Form 4										
January 16, 2009										
FORM 4									PPROVAL	
	UNITED	STATES			AND EX(, D.C. 20:		COMMISSIO	N OMB Number:	3235-0287	
Check this box								Expires:	January 31,	
if no longer subject to Section 16. Form 4 or	STATEN	AENT OF	F CHAN		BENEFI RITIES	CIAL O	WNERSHIP OF	Estimated burden hou response	urs per	
Form 5 obligations may continue. See Instruction 1(b).	Section 17(a) of the I	Public U	tility Hol	ding Con		nge Act of 1934, of 1935 or Section 940	·	0.0	
(Print or Type Respo	nses)									
1. Name and Address of Reporting Person <u>*</u> Schwartz James A			2. Issuer Name and Ticker or Trading Symbol FLIGHT SAFETY				5. Relationship of Reporting Person(s) to Issuer			
			TECHNOLOGIES INC [FLTS]			(Che	neck all applicable)			
(Last) (First) (Middle) 28 COTTRELL STREET			3. Date of Earliest Transaction (Month/Day/Year) 01/14/2009			X_ Director10% Owner Officer (give titleOther (specify below)below)				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MYSTIC, CT 06	5355							More than One Ro		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securiti nAcquired (Disposed o (Instr. 3, 4	(A) or of (D) and 5) (A)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Report on	a separate line	e for each cla	ass of sec	urities bene	ficially own	ed directly	or indirectly.			
					inform require	ation cont ed to resp ys a curre	spond to the colle cained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Acquired (A) or Disposed (D) (Instr. 3, and 5)	l of				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Series A Convertible Preferred Stock	\$ 0.07	01/14/2009		Р		1,000		01/14/2009	(1)	Common Stock	1,428,571

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Schwartz James A 28 COTTRELL STREET MYSTIC, CT 06355	Х			
Signatures				

James A.	01/16/2009			
Schwartz	01/10/2009			
<u>**</u> Signature of	Date			

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).
- (1) The Series A Convertible Preferred Stock reported herein has no expiration date.

The reporting person is a Managing Member of Harvey Partners, LLC, a Delaware limited liability company and the investment manager of each of Harvey SMidCap Fund, LP, a Delaware limited partnership ("SMidCap Fund"), and Harvey SMidCap Offshore Fund, Ltd., a Cayman Islands exempted company ("SMidCap Offshore Fund"). SMidCap Fund and SMidCap Offshore Fund hold 900 and 100 shares,

(2) respectively, of the reported shares of Series A Convertible Preferred Stock. The reporting person may be deemed to beneficially own a proportionate interest in the reported shares of Series A Convertible Preferred Stock held by SMidCap Fund and SMidCap Offshore Fund. The reporting person's interest in the securities reported is limited to the extent of his pecuniary interest in SMidCap Fund and SMidCap Fund and SMidCap Offshore Fund, if any.

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.