## Edgar Filing: ATICK JOSEPH J - Form 4

ATTOK LOOPDIL

Form 4	EPH J										
September 10	0, 2010										
FORM	UNITE	D STATES					NGE C	COMMISSION	-	PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed p inue.	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 20(h) of the Investment Company Act of 1940								January 31 Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> ATICK JOSEPH J			2. Issuer Name <b>and</b> Ticker or Trading Symbol L-1 IDENTITY SOLUTIONS, INC.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		[ID]					(Check an applicable)				
(Last) C/O L-1 IDI INC., 177 B FLOOR	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>09/08/2010</li></ul>				Director 10% Owner X Officer (give title Other (specify below) below) EVP, Chief Strategic Officer						
STAMEODI	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D			-	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any		3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dia (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	09/08/2010			F	12,169 (1)	D	\$ 9.02	762,274	D		
Common Stock								3,474 <u>(2)</u>	Ι	By 401(k) Plan	

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.

## Edgar Filing: ATICK JOSEPH J - Form 4

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of clying ities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I g i i i i i i i i i i i i i i i i i i	Director	10% Owner	Officer	Other			
ATICK JOSEPH J C/O L-1 IDENTITY SOLUTIONS, INC. 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901			EVP, Chief Strategic Officer				
Signatures							
Mark S. Molina for Joseph J. Atick by pow attorney.	ver of		09/10/2010				

\*\*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).

Date

- (1) Reflects deemed disposition to the Issuer to satisfy withholding tax obligations.
- (2) Reflects 3474 shares under the L-1 Identity Solutions, Inc. 401(k) plan. This information is based on a plan statement dated as of September 8, 2010.

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.