Edgar Filing: PSYCHEMEDICS CORP - Form 4

PSYCHEME	EDICS CORP										
Form 4											
February 13,										PROVAL	
FORM	14 UNITEI) STATES					NGE C	OMMISSION	OMB	3235-0287	
Check th	is box		vvas	shington,	D.C. 20	549			Number:	January 31,	
if no long subject to Section 1 Form 4 o	6. r	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Expires: Estimated a burden hour response	2005 verage	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	7(a) of the	Public Ut		ling Con	ipany	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> TOMENSON WALTER S			2. Issuer Name and Ticker or Trading Symbol PSYCHEMEDICS CORP [PMD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check an applicable)			
C/O PSYCH CORPORA PARK	IEMEDICS TION, 125 NA(GOG	(Month/D 02/11/20	•				X Director Officer (give below)		Owner er (specify	
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check				
ACTON, M	A 01720		Filed(Mor	nth/Day/Year))			Applicable Line) _X_ Form filed by C Form filed by M			
		(7:)						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/E		1			d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Stock, \$.005 Par Value	02/11/2014			М	5,150	A	\$ 11.67	28,307	D		
Common Stock, \$.005 Par Value	02/11/2014			F	3,803 (1)	D	\$ 15.8	24,504	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
2000 Stock Option Plan	\$ 11.67	02/11/2014		М	5,150	03/15/2005	03/15/2014	Common Stock, \$.005 Par Value	5,150	

Reporting Owners

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
TOMENSON WALTER S C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720	Х				
Signatures					
Patrick J. Kinney, Jr. as attorney-in-fact for Tomenson	.	02	2/13/2014		
<u>**</u> 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) Represents the payment of the exercise price of an Employee Stock Option Plan through the attestation of previously owned shares.

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.