Edgar Filing: JAMIESON DANIEL T - Form 4

JAMIESON	DANIEL T										
Form 4	•										
May 08, 201											
FORM	14 _{UNITE}	TD STATES	SECUR	TTIFS A	ND FX	٦НА	NGE (COMMISSION		PROVAL	
	UNITE			shington,					OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						2005					
Section 1	6.	SECURITIES Estimated average burden hours per									
Form 4 or Form 5		·							0.5		
obligation	no -	-					•	e Act of 1934, 1935 or Section	n		
may cont	inue.			vestment	•	· ·			11		
See Instru 1(b).	iction				compan	<i>J</i>					
(Print or Type R	Responses)										
1. Name and A	ddress of Report	ing Person *	2 Issue	Name and	Ticker or	Tradii	nα	5. Relationship of	Reporting Pers	son(s) to	
LANDECON DANIEL T			Symbol	i i vuine unu	Tieker of	Tradin	15	Issuer			
				de Technology Group, Inc.				(Check all applicable)			
			[WSTG]				(Chec.	k all applicable	:)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			Director		Owner	
				nth/Day/Year)				XOfficer (give titleOther (specify below) below)			
C/O 1157 SI AVENUE	HREWSBUR	Ŷ	05/06/2	013				Vice Presid	ent & GM of L	ifeboa	
TULITOL	(Street)		1 If Ama	ndmont Do	to Origina	I		6 Individual or Io	int/Croup Filin	or (Chaolr	
	(Succe)			ndment, Da hth/Day/Year)	-	L		6. Individual or Jo Applicable Line)	miroroup rim	ig(Check	
				, 			_X_ Form filed by One Reporting Person				
SHREWSBURY, NJ 07702 — Form filed by More than One Reporting Person						porting					
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	lv Owned	
1.Title of	2. Transaction I	Date 2A. Deer		3.	4. Securi		_	5. Amount of	6. Ownership	-	
Security	(Month/Day/Ye		on Date, if	Transactio				Securities	Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(WORDIN)	Day/ICal)	(111501.0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V		(D)	Price \$				
Stock	05/06/2013			F <u>(1)</u>	434	D	љ 11.94	30,798	D		
Stoon							11.71				

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.

 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. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
I Sector and the sector	Director	10% Owner	Officer	Other			
JAMIESON DANIEL T			Vice				
C/O 1157 SHREWSBURY AVENUE		President &					
SHREWSBURY, NJ 07702		GM of Lifeboa					
Signaturas							

Signatures

/s/ Daniel	05/07/2013
Tamiaaan	05/07/2015
Jamieson	

<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) Shares withheld at vesting of restricted stock for purposes of meeting the reporting person's tax obligations.

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.