

INTEGRAL VISION INC
Form 4/A
March 31, 2010

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
MAXCO INC

2. Issuer Name and Ticker or Trading Symbol
INTEGRAL VISION INC [INVI]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
1005 CHARLEVOIX DR., SUITE 100

3. Date of Earliest Transaction (Month/Day/Year)
07/01/2009

____ Director
____ Officer (give title below)
 10% Owner
____ Other (specify below)

(Street)
GRAND LEDGE, MI 48837

4. If Amendment, Date Original Filed(Month/Day/Year)
03/29/2010

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
Integral Vision Common Stock	03/25/2010	03/25/2010	J	2,410,183	D	\$ 0.04	D

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Table with 10 columns: 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. Transaction Code (Instr. 8), 5. Number of 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 Security (Instr. 3 and 4), 8. Amount of Underlying Securities (Instr. 3 and 4), 9. Amount of Underlying Securities (Instr. 3 and 4). Rows include Convertible Notes, Warrants, and Warrants (3) with various dates and amounts.

Reporting Owners

Table with columns: Reporting Owner Name / Address, Relationships (Director, 10% Owner, Officer, Other). Row for MAXCO INC, 1005 CHARLEVOIX DR., SUITE 100, GRAND LEDGE, MI 48837, with 'X' marked under 10% Owner.

Signatures

/s/ Lawrence O. Fields, Treasurer & CFO, 03/29/2010

**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) Maxco Inc. distributed to its shareholders, as part of its liquidation process, a non cash liquidating distribution of the \$2,410,183 shares of Integral Vision common stock it owned.
(2) Previously subject to 4.90% Blocker Clause.
(3) Original Form 4 did not include Warrants dated 3/23/2010. Original Form 4 also included a duplicate Warrant line for Warrants issued 2/01/2010 and Column 9 total was listed incorrectly for line 2.

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.