Edgar Filing: Murphy Raymond G. - Form 4

Murphy Rayn	nond G.											
Form 4												
May 21, 2010												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								T	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OND	3235-0287			
Check this	box		vv as	nington, I	D.C. 203	549			Number:	January 31,		
if no longe	er stati	EMENT O	F CHAN	CES IN B	FNFFI	CIA		NFRSHIP OF	Expires:	2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated a				
Section 16 Form 4 or).			BECOM	SECURITIES					burden hours per response 0.5		
Form 5	Filed n	oursuant to S	Section 16	5(a) of the	Securiti	es Ez	chang	ge Act of 1934,	response	0.5		
obligation	^s Section 1							f 1935 or Sectio	n			
may contin See Instru	nue.			vestment (•	- ·						
1(b).	cuon											
(Print or Type R	esponses)											
1 Nome and A	Iduana of Donoutiu	na Domon *						5 Deletionship e	f Domostin a Dos	aan(a) to		
1. Name and Address of Reporting Person *2. IssuerMurphy Raymond G.Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Waipity Ray	RA LIFESCIENCES				(Check all applicable)							
				NGS CORP [IART]								
(1 +)	(Einst)				-	.]		V Disector	100	0		
(Last)	(First)	(Middle)		Earliest Transaction			X_ Director 10% Owner Officer (give title Other (specify					
311 ENTERPRISE DRIVE(Month/Da05/19/20			-				below) below)					
		-										
				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting Pe	erson		
PLAINSBO	RO, NJ 08536							Form filed by I				
								Person				
(City)	(State)	(Zip)	Table	e I - Non-De	rivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/	Day/Year)					Beneficially Owned		Beneficial Ownership		
		(Ivionui/	(Inst. 5) (Inst. 5, 4 and			5)	Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(Instr. 5 and 4)				
Common	05/19/2010			А	1,438	А	\$0	3,856	D			
Stock	00,17,2010				1,.00		ψŭ	2,020	2			
Common	05/10/2010			٨	1 075	٨	¢ 0	5 721	D			
Stock	05/19/2010			А	1,875	А	\$0	5,731	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.

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	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 o	Director	10% Owner	Officer	Other				
Murphy Raymond G. 311 ENTERPRISE DRIVE PLAINSBORO, NJ 08536	Х							
Signatures								
/s/ Kathryn Lamping; Attorney-in-Fact		05/21/201	0					
**Signature of Reporting Person		Date						
Explanation of Responses:								

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).

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.