## Edgar Filing: SCHAFFER MICHAEL I - Form 4

SCHAFFER	MICHAEL I										
Form 4											
May 19, 200	9										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OND	3235-0287	
Check the	is box		vv as	mington,	D.C. 20:	549			Number: Expires:	January 31,	
if no long		'FMFNT O	FCHAN	CES IN I	ES IN BENEFICIAL OWNERSHIP OF					2005	
subject to	)			SECURITIES					Estimated		
Section 1 Form 4 o				SECONTIES					burden hours per response 0.5		
Form 5		pursuant to	Section 16	b(a) of the	e Securiti	ies Ez	chang	ge Act of 1934,	response	. 0.5	
obligation	ns Section	-						of 1935 or Section	n		
may cont <i>See</i> Instru	inue.		) of the Inv	•	•	- ·					
1(b).	letion				1	-					
(Print or Type F	Responses)										
1 Norma and A	James of Denser							5 Deletienskin e	f D		
SCHAFFER MICHAEL I Symbol				r Name and Ticker or Trading [EMEDICS CORP [PMD]				5. Relationship of Reporting Person(s) to Issuer			
							DJ	(Chee	ck all applicable	e)	
(Last)	(First)	(Middle)		Earliest Tra	ansaction				100		
C/O DEVCL	IEMEDICS			/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
C/O PSYCHEMEDICS 05/15/20 CORPORATION, 125 NAGOG				009				below) below)			
PARK	11010, 125 10	1000						VP of La	boratory Opera	ations	
	(Street)		4 If Amor	dmont Dat	o Original			6 Individual or I	oint/Croup Fili	ng(Chaolr	
· · · · · · · · · · · · · · · · · · ·			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
T fied(Moh							_X_Form filed by One Reporting Person				
ACTON, M	A 01720							Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	TransactionAcquired (A) or				Securities	Form: Direct	Indirect			
(Instr. 3)			Code Disposed of (D)				Beneficially	· /	Beneficial		
		(Month	/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(moute 1)	(insu: i)	
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common											
Stock,	05/15/2009			F	365	D	\$ 6.3	9,761	D		
\$.005 Par	05/15/2009			1	505	D	6.3	2,701	D		
Value											

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: SCHAFFER MICHAEL I - 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
SCHAFFER MICHAEL I C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720			VP of Laboratory Operations				
Signatures							
Patrick J. Kinney, Jr. as attorney-in-fact for Schaffer	r Michael	I.	05/19/2009				
**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).

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.