## Edgar Filing: Lerner Neil - Form 4

Lerner Neil Form 4												
March 21, 2	.011											
FORM	FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 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							COMMISSION		32.30-028		
if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr								Expires:January 31Expires:200Estimated averageburden hours perresponse0.				
(Print or Type	Responses)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol <b>PSYCHEMEDICS CORP</b> [PMD]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) HEMEDICS ATION, 125 NA	(Middle)	3. Date of (Month/D 03/17/20	-	ransaction			Director X Officer (give below)	10%	Owner er (specify		
			endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
		(7:)						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-E			_	uired, Disposed of		-		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med on Date, if Day/Year)	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, \$.005 Par Value	03/17/2011			Р	2,000	A	\$ 9.091 (1)	2,000	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.

## Edgar Filing: Lerner Neil - 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. Transacti Code (Instr. 8)	5. 6. Date Exercisable a prNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title ar Amount o Underlyin Securities (Instr. 3 a	of Eng S S (1	B. Price of Derivative Security Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	nount umber ares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 9	Director	10% Owner	Officer	Other				
Lerner Neil C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720			Vice President and Controller					
Signatures								
Patrick J. Kinney, Jr. as attorney-in-fact for Lerner	Neil	03/	/21/2011					
**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).

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$9.065 to \$9.100, inclusive. The reporting person undertakes to provide to Psychemedics Corporation, any security holder of

 (1) <sup>59,005</sup> to <sup>59,105</sup>, inclusive. The reporting person undertakes to provide to rsychemetics corporation, any security holder of Psychemedics Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

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.