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PSYCHEME	DICS CORP										
Form 4											
May 14, 200	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	IB APPROVAL		
		LDSIAIE					NGE		OMB Number:	3235-0287	
Check thi	s box		vv as	hington,	D.C. 20:	549				January 31,	
if no long		EMENT O	FCHAN	CES IN F	RENEFI	CIA		NFRSHIP OF	Expires:	2005	
subject to				GES IN BENEFICIAL OWN SECURITIES					Estimated		
Section 1 Form 4 or				SECONTIES					burden hou response		
Form 5		pursuant to	Section 16	5(a) of the	e Securiti	ies Ez	chang	ge Act of 1934,	response	. 0.0	
obligation	¹⁸ Section	-						of 1935 or Section	m		
may conti <i>See</i> Instru	inue.) of the Inv	•	•						
1(b).	letion		, 		1.						
(Print or Type R	(esponses)										
THISTLE WILLIAM R Symbol				Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
			PSYCH	EMEDIC	S CORP	[PM	DJ	(Che	ck all applicabl	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction						
~ . ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			(Month/D	•				Director		6 Owner	
C/O PSYCHEMEDICS 05/10/20				0/2007				XOfficer (give titleOther (specificer) below)			
	ΓΙΟΝ, 125 Ν <i>Α</i>	AGOG						Sr. VP	and Gen. Cour	isel	
PARK											
(Street) 4. If Amer			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
ACTON M	A 01720								One Reporting Potenting Potential Po		
ACTON, M	A 01720							Person		1 0	
(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 24 De		3.	4. Securi			5. Amount of	6. Ownership	-	
Security	(Month/Day/Y	on Date, if	n Date, if TransactionAcquired (A) or Code Disposed of (D)				Securities	Form: Direct	Indirect		
(Instr. 3)	•						Beneficially		Beneficial		
		(Month	/Day/Year)	ear) (Instr. 8) (Instr. 3, 4 and 5)				Owned		Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					ouiit						
Stock,	05/10/2005				6,000			11.000	D		
\$.005 Par	05/10/2007			А	<u>(1)</u>	А	\$0	11,000	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.

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships		
	Director	10% Owner	Officer	Other	
THISTLE WILLIAM R C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720			Sr. VP and Gen. Counsel		
Signatures					
Patrick J. Kinney, Jr. as attorney-in-fact for Thistle	. William	R.	05/14/2007		
<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).

Represents restricted stock units that are to be settled solely in shares of Common Stock. The units vest with respect to 25% of the shares
(1) twelve months after the date of grant and with respect to an additional 25% on each of the three anniversary dates thereafter, so long as the recipient is in the continuous employ of the Issuer through each such respective vesting date.

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.