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VON STAA	TS AARON C										
Form 4											
May 03, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMERION	OMB APPROVAL			
	UNITED	SIAIES		KITTES A shington			NGE C	UNIMISSION	OMB Number:	3235-0287	
Check the	his box		VV č	isinington	, D.C. 20	1349			Number:	January 31,	
if no lor	MENT O	Γ OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:	2005		
subject section								Estimated average burden hours per response 0.5			
	Form 4 or										
Form 5	Filed put	rsuant to S	Section	16(a) of th	ne Securi	ties E	Exchange	Act of 1934,			
obligation may cor				•	•	-	•	1935 or Section			
See Inst		30(h)	of the I	nvestment	t Compar	ny Ao	ct of 1940)			
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>2</u> . I				. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
VON STAATS AARON C			Symbol	Symbol				Issuer			
				AMETRIC TECHNOLOGY				(Check all applicable)			
			CORP [PMTC]								
(Last)	(First) (Middle)		of Earliest T	ransaction			Director X Officer (give t		Owner r (specify	
				hiomul/Day/1cal)			below) below)				
140 KENDRICK STREET			05/03/2011					CVP,General Counsel, Secretary			
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mo	onth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person			
NEEDHAN	A, MA 02494							Form filed by Mo			
NLLDIIAI	VI, WIA 02474							Person			
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3. 4. Securities Acquired (A)					6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any		if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	1	Indirect Beneficial	
(•	ay/Year)	(Instr. 8)			Owned	Direct (D) Own	Ownership		
								Following Reported	or Indirect	(Instr. 4)	
						(A)		Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	. ,		
C				code v	mount	(D)	\$				
Common Stock	05/03/2011			S	12,950	D		5 29,134	D		
STOCK							(1)				

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.

 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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
VON STAATS AARON C 140 KENDRICK STREET NEEDHAM, MA 02494			CVP,General Counsel, Secretary				
Signatures							
Catherine Gorecki by power of attorney filed 11/2/2007			05/03/2011				
<u>**</u> Signature of Reporting	g 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).

This transaction was executed in multiple trades at prices ranging from \$23.25 to \$23.34. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.