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ORASURE TECHNOLOGIES INC

Form 4

December 16, 2013

| FORM 4 | | OMB APPROVAL | | |
|-----------------------------|--|------------------------------------|-------------------|--|
| | | OMB Number: | 3235-028 | |
| Check this box if no longer | | Expires: | January 31 200 | |
| subject to Section 16. | CECUDITIES | Estimated average burden hours per | | |
| Form 4 or | | response | 0. | |
| Form 5 | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | |
| obligations may continue. | Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | |
| See Instruction | 30(h) of the Investment Company Act of 1940 | | | |

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

(Print or Type Responses)

1. Name and Address of Reporting Person *

1(b).

| SPAIR RONALD H | | | 2. Issuer Name and Ticker or Trading Symbol ORASURE TECHNOLOGIES INC [OSUR] | | | | | | Issuer (Check all applicable) | | | |
|--------------------------------------|--|--|---|-----------------|---------|----------------------------------|------------|--|--|--|--|--|
| (Last) 220 EAST | (First) FIRST STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2013 | | | | | X Director 10% Owner Selection Other (specify below) COO & CFO | | | | |
| BETHLEF | (Street) HEM, PA 18015 | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Ta | ble I - N | Non- | -Derivativ | e Sec | urities A | cquired, Dispose | ed of, or Bene | ficially Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Da | Date, if | Code (Instr. | 8) V | 4. Securi on(A) or Do (Instr. 3, | (A) or (D) | 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| stock | 11/29/2013 | | | G <u>(1)</u> | V | 2,000 | D | 6.115 | 172,459 | D | | |
| Common stock | | | | | | | | | 34,180 | I | By Non-qualified Deferred Compensation Plan | |
| Reminder: Ro | 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 SEC 1474 (9-02) | | | | | | | | | | | |

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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 | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Title | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|-----------------|---|---------------------|--------------------|---------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amour Underl Securit (Instr. | lying | Derivative Security (Instr. 5) | Deriv Secur Bene Own 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 | | | | | | | |
|--|---------------|-----------|-----------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| SPAIR RONALD H 220 EAST FIRST STREET BETHLEHEM, PA 18015 | X | | COO & CFO | | | | | |

Signatures

Mark L. Kuna, as Attorney-In-Fact for Ronald H. Spair (Power of Attorney previously filed)

12/16/2013

**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).
- (1) Gift

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.

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