SPIRE CORP Form 4 January 05, 2007

### FORM 4

#### OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Ad LITTLE MA	*	orting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol SPIRE CORP [SPIR]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	t) (Middle) 3. Date of Earliest Transaction		(eneck an applicable)		
C/O SPIRE CORPORATION, ONE PATRIOTS PARK			(Month/Day/Year) 01/03/2007	_X Director 10% Owner X Officer (give title Other (specify below) CEO, Spire Biomedical		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
BEDFORD, I	MA 01730-	2396	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acc	quired, Disposed of, or Beneficially Owned		

(City)	(State)	Zip) Table	e I - Non-D	erivative (	Securi	ities Acq	quired, Disposed	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	4 and (A) or	d of	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)
Common Stock, \$0.01 par value	01/03/2007		G	2,850	A	\$ 8.11	2,950	I	Held by Spouse (1)
Common Stock, \$0.01 par value							92,620	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 (9-02)

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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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Option (right to buy) (2)	\$ 3.9	05/22/2002		A	250	05/22/2006	05/22/2012	Common Stock	250
Employee Stock Option (right to buy) (2)	\$ 4.32	11/18/2004		A	2,000	11/18/2005(3)	11/18/2014	Common Stock	2,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LITTLE MARK C C/O SPIRE CORPORATION ONE PATRIOTS PARK BEDFORD, MA 01730-2396	X		CEO, Spire Biomedical					

# **Signatures**

Mark C. Little 01/05/2007

\*\*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) Reporting person disclaims beneficial ownership in shares held by spouse.

Reporting Owners 2

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- (2) This option was granted under the Spire Corporation 1996 Equity Incentive Plan adopted on December 10, 1996.
- (3) The option is exercisable in annual increments of 25% of the option shares, with the first quarter increment becoming exercisable on the date in this column.

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.