ORASURE TECHNOLOGIES INC

Form 4 May 13, 2015

FORM 4

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

if no longer subject to Section 16. Form 4 or

Check this box

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)

| WATSON DOUGLAS G Sym OR | | Symbol ORASU | 2. Issuer Name and Ticker or Trading Symbol ORASURE TECHNOLOGIES INC [OSUR] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|----------------|---|---|---|--|---------|--|---|---|--|
| (Last) (First) 220 EAST FIRST STREE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015 | | | _X_ Director Officer (giv below) | | 6 Owner er (specify | | | |
| (Street) | | | | nendment, Date Original (onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | |
| BETHLEHEM, PA 18015 | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acc | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Month/Day/Y) (Instr. 3) | ear) Execution | emed on Date, if Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securit on(A) or Dis (D) (Instr. 3, 4 | sposed | 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 05/12/2015 | | | A(1) | 22,325 | A | (1) | 179,329 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title at Amount of | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|------------------|---|-------------------------------|--------------------|--|-------------------------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (monda, Day, Teal) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Underlyin Securities (Instr. 3 a | ng s | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | nount umber uares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| • | Director | 10% Owner | Officer | Other | | | |
| WATSON DOUGLAS G 220 EAST FIRST STREET BETHLEHEM, PA 18015 | X | | | | | | |

Signatures

Mark L. Kuna, As Attorney-In-Fact for Douglas G. Watson, (Power of Attorney previously filed)

05/13/2015

**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) Grant of restricted shares under the OraSure Technologies, Inc. Stock Award Plan, cliff vesting on May 10, 2016. Vesting shall cease immediately if the named individual voluntarily ceases to serve as a member of the Board of Directors.

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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