#### TAYLOR JAMES AMBROSE

Form 4 May 13, 2010

### FORM 4

Check this box

if no longer

subject to

Section 16.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Expires:

**OMB** 3235-0287 Number: January 31,

**OMB APPROVAL** 

2005 Estimated average burden hours per

response... 0.5

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \* TAYLOR JAMES AMBROSE

2. Issuer Name and Ticker or Trading Symbol

BIOCLINICA INC [BIOC]

3. Date of Earliest Transaction (Month/Day/Year) 05/12/2010

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

C/O BIOCLINICA, INC., 826 **NEWTOWN-YARDLEY ROAD** 

(First)

(Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/Day/Year)

X\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

NEWTOWN, PA 18940

(City) (State) (Zip)

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired (A) or	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or Indirect	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	(I)	Ownership
					Following	(Instr. 4)	(Instr. 4)
				(A)	Reported		
				(A)	Transaction(s)		
				or	(Instr. 3 and 4)		

Code V Amount (D) Price

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

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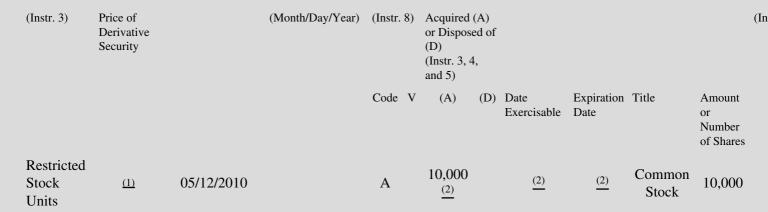
#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onDerivative	Expiration Date	Underlying Securities	Ι
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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### Edgar Filing: TAYLOR JAMES AMBROSE - Form 4



### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other
TAYLOR JAMES AMBROSE
C/O BIOCLINICA, INC.
826 NEWTOWN-YARDLEY ROAD

### **Signatures**

NEWTOWN, PA 18940

/s/ Maria T. Kraus as attorney-in-fact 05/13/2010

\*\*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) Each restricted stock unit represents a contingent right to receive one share of common stock of BioClinica, Inc. (the "Company"), par value \$0.00025.
  - Represents the automatic grant of 10,000 restricted stock units, granted pursuant to the Company's 2002 Stock Incentive Plan, as amended and restated, upon election to the Board of Directors at the Annual Meeting of Stockholders on May 12, 2010, determined by using the
- (2) closing price on May 12, 2010. The restricted stock units shall vest as follows: 10,000 units shall vest in one-twelfth (1/12) increments monthly until May 12, 2011; provided, however, that the shares underlying the restricted stock units shall not be issued to the directors until the director's cessation of service on the Board of Directors.
- (3) Represents only those shares underlying the restricted stock units. The director may beneficially own BIOC securities not required to be recorded herein.

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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