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PARKER WA Form 4 March 16, 20	ALLACE P JR	2									
FORM	1									PPROVAL	
	UNITE	D STATES			ND EX(D.C. 20:		NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long									Expires:	January 31,	
subject to		EMENT O	F CHAN			CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 10 Form 4 or	6.			SECUR	RITIES				burden hou response	rs per	
Form 5	Filed p	oursuant to	Section 1	6(a) of th	e Securit	ies Ez	xchang	e Act of 1934,			
obligation may conti				•	•	· ·		f 1935 or Sectio	n		
<i>See</i> Instru 1(b).		30(h)	of the In	vestment	Compan	y Act	: of 194	40			
(Print or Type R	lesponses)										
	ddress of Reportin ALLACE P JI	-	Symbol		Ticker or		g	5. Relationship of Issuer	Reporting Per	son(s) to	
(*))	(F)					-]		(Chec	k all applicable	e)	
(Last)	(First)	(Middle)		Earliest Ti	ransaction			X Director	100	Owner	
BIOCLINIC	A, INC., 826		(Month/D 03/15/20	-				Officer (give		er (specify	
	-YARDLEY	ROAD	05/15/20	511				below)	below)		
	(Street)		4. If Ame	ndment. Da	ate Original			6. Individual or Jo	oint/Group Filin	1g(Check	
				th/Day/Year	-			Applicable Line)	1		
NEWTOWN, PA 18940								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	T Nor F)	.	4: A		f an Danafiaial		
								uired, Disposed of			
1.Title of Security	2. Transaction I (Month/Day/Ye		on Date, if	3. Transacti	4. Securi on(A) or Di			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(ivionui, Duj, ie	any	on Dute, n	Code	(D)	spose	. 01	Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3,	4 and (A) or	5)	Owned Following Reported Transaction(s)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
				Code V	Amount		Price	(Instr. 3 and 4)			
Common stock	03/15/2011			Р	400	А	\$ 4.64	5,200	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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
				Code V	of (D) (Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr

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Reporting Owners

Reporting Owner Name / Address	dress					
	Director	10% Owner	Officer	Other		
PARKER WALLACE P JR BIOCLINICA, INC. 826 NEWTOWN-YARDLEY ROAD NEWTOWN, PA 18940	Х					
Signatures						
/s/ Maria T. Kraus as attorney-in-fact	03/16	03/16/2011				
**Signature of Reporting Person	Da	ite				
Explanation of Responses:						

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).

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.