#### AEROSONIC CORP/DE/

Form 4 March 06, 2009

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Perkins Mark

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First)

(Street)

AEROSONIC CORP /DE/ [AIM]

(Check all applicable)

Executive VP & Director

3. Date of Earliest Transaction

(Month/Day/Year) 04/22/2008

Filed(Month/Day/Year)

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

below)

622 BERRYWOOD WAY

4. If Amendment, Date Original

Applicable Line)

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

6. Individual or Joint/Group Filing(Check

Person

PALM HARBOR, FL 34683

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

(Middle)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (T)

Ownership (Instr. 4) (Instr. 4)

(A)

Transaction(s) (Instr. 3 and 4)

Reported

Code V Amount (D) Price

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)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securitie (Instr. 3 and 4)

#### Edgar Filing: AEROSONIC CORP /DE/ - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	- 1	Acquired or Dispos (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Incentive Stock Options	\$ 4.47	04/22/2008		A		25,000		04/22/2009(1)	04/21/2018	Common Stock par value \$0.40	25,00
Incentive Stock Options	\$ 1	02/27/2009		A		24,000		02/27/2010(2)	02/27/2019	Common Stock par value \$0.40	24,00

## **Reporting Owners**

Reporting Owner Name / Address			Relationships	
<b>F</b>	Director	10% Owner	Officer	Other
Perkins Mark 622 BERRYWOOD WAY PALM HARBOR, FL 34683	X		Executive VP & Director	

# **Signatures**

/s/ Mark Perkins 03/06/2009

\*\*Signature of Date
Reporting Person

## **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) Option granted under the Aerosonic Corporation 2004 Stock Incentive Plan, as amended and restated, schedule to vest in four equal installments on the first, second, third and fourth anniversaries of the date of grant.
- (2) Option granted under the Aerosonic Corporation 2004 Stock Incentive Plan, as amended and restated, schedule to vest in three equal installments on the first, second and third anniversaries of the date of grant.

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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