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BioMETRX Form 4										
June 25, 200)7									
FORM 4FORM 4Check this box if no longer subject to Section 16. 							OMB APPROVAL OMB 3235-028 Number:			
							January 31 Expires: 200 Estimated average burden hours per response 0.			
(Print or Type	Responses)									
Yarde Lorraine Maria Symbol			ssuer Name and Ticker or Trading ool METRX [BMRX]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		of Earliest T	-			(Check	k all applicable	;)	
, <i>,</i> ,	DADWAY, SUITI	(Month/	Day/Year)	ransaction			X Director X Officer (give below) Chief C		Owner er (specify er	
			endment, Date Original onth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
JERICHO,	NY 11753						Form filed by M Person			
(City)	(State)	(Zip) Tal	ole I - Non-I	Derivative S	ecuriti	es Acq	uired, 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)	Code	4. Securitio on(A) or Disp (Instr. 3, 4	posed c		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Stock \$.001 par value	06/20/2007		J <u>(1)</u>	150,000	А	\$0	811,545	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.

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Yarde Lorraine Maria 500 N. BROADWAY, SUITE 204 JERICHO, NY 11753	Х		Chief Operating Officer					
<u> </u>								

Signatures

Reporting Person

/s/ Lorraine 06/21/2007 Yarde **Signature of 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) These shares were issued to Ms. Yarde as a bonus.

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.