## Edgar Filing: ANALOGIC CORP - Form 4

ANALOCIC CODD

ANALOGIC	CORP										
Form 4											
September 2	4, 2008										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated	2005 average		
Section 1	Section 16. SECURITIES								irs per		
Form 4 o		~		~				response	0.5		
Form 5 obligatio	-	ant to Section 1									
may cont			•	•	- ·		of 1935 or Section	on			
See Instr	uction	30(h) of the In	vestment	Compan	y Act	t of 19	40				
1(b).											
(Print or Type I	Responses)										
(											
1. Name and A	Address of Reporting Pers	son <u>*</u> 2. Issuer	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to				
MELSON I	DONALD	Symbol					Issuer				
ANALOGIC CORP [ALOG]								1 11 1. 1.	1111(h1-)		
(Last)	(First) (Midd	(Chee						ck all applicable)			
		,	(Month/Day/Year) 09/22/2008				Director 10% Owner X Officer (give title Other (specify				
8 CENTEN	NIAL DRIVE										
						below) below) VP - Corporate Controller					
	(Street)	4 If Ama	ndmant Dat	o Original				-			
	(Succe)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
									erson		
PEABODY	, MA 01960						Form filed by Person	More than One R	eporting		
	(21-1-) (7:	-)									
(City)	(State) (Zip	<sup>2)</sup> Tabl	e I - Non-D	erivative S	Securi	ities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date 2		3.	4. Securi			5. Amount of	6. Ownership			
Security	• •	Execution Date, if	TransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Securities	Form: Direct	Indirect Beneficial		
(Instr. 3)		any Month/Day/Year)					Beneficially Owned	× /	Ownership		
F							Following	(Instr. 4)			
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
C			Code V	Amount	(D)	Price	(insure and i)				
Common	09/22/2008		А	175	А	\$0	6,675	D			
Stock											
Common	09/23/2008		А	1,918	А	\$0	8,593	D			
Stock	07/25/2000		11	1,710	11	ψυ	0,070	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 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							
1	Director 10% Owner Officer		Officer	Other				
MELSON DONALD 8 CENTENNIAL DRIVE PEABODY, MA 01960			VP - Corporate Controller					
Signatures								
By: Bruce Garr, by Power of A Melson	ttorney F	or: Donald B	. 09/24/2008					

<u>\*\*</u>Signature of 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).

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.

Date