Siebert Lawrence A. Form 4 January 03, 2013

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 3235-0287

**OMB APPROVAL** 

Number: Expires:

January 31, 2005

0.5

Estimated average burden hours per

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

obligations

may continue.

Check this box

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Siebert Lawrence A.

2. Issuer Name and Ticker or Trading

(Middle)

5. Relationship of Reporting Person(s) to

Issuer

Symbol

CHEMBIO DIAGNOSTICS, INC.

(Check all applicable)

[CEMI]

(Last) (First)

3661 HORSEBLOCK RD

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

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

President

01/03/2013

below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

3.

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

Person

MEDFORD, NY 11763

(City) (State) (Zip)

(Street)

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)

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

4. Securities

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

(9-02)

(A) or

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

Common Stock

01/03/2013

G 5,000 D (1) 789,013

D

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)

#### Edgar Filing: Siebert Lawrence A. - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. orNumber of Derivative | 6. Date Exerc<br>Expiration D<br>(Month/Day/ | ate                | 7. Titl<br>Amou<br>Under<br>Secur | int of<br>rlying   | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene |
|---|---|--------------------------------------|--|--------------------------------|---------------------------|--|--------------------|-----------------------------------|--------------------|--|---------------------------------|
| ,   | Derivative                                  |                                      | · · · · · · · · · · · · · · · · · · ·              |                                | Securities                | 3  |                    | (Instr.                           | . 3 and 4)         | ,  | Own                             |
|   | Security                                    |                                      |  |                                | Acquired (A) or           |  |                    |                                   |                    |  | Follo<br>Repo                   |
|   |   |                                      |  |                                | Disposed                  |  |                    |                                   |                    |  | Trans                           |
|   |   |                                      |  |                                | of (D) (Instr. 3,         |  |                    |                                   |                    |  | (Instr                          |
|   |   |                                      |  |                                | 4, and 5)                 |  |                    |                                   |                    |  |                                 |
|   |   |                                      |  |                                |                           |  |                    |                                   | Amount             |  |                                 |
|   |   |                                      |  |                                |                           | Date<br>Exercisable                          | Expiration<br>Date | Title                             | or<br>Number<br>of |  |                                 |
|   |   |                                      |  | Code V                         | (A) (D)                   |  |                    |                                   | Shares             |  |                                 |

# **Reporting Owners**

| Reporting Owner Name / Address          | Relationships |           |           |       |  |  |  |
|---|---------------|-----------|-----------|-------|--|--|--|
| ·r· · · · · · · · · · · · · · · · · · · | Director      | 10% Owner | Officer   | Other |  |  |  |
| Siebert Lawrence A.                     |               |           |           |       |  |  |  |
| 3661 HORSEBLOCK RD                      | X             | X         | President |       |  |  |  |
| MEDFORD NY 11763                        |               |           |           |       |  |  |  |

# **Signatures**

/s/ Lawrence A.
Siebert

\*\*Signature of Reporting

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) This transaction was a gift.

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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