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TECH LABORATORIES INC
Form 4
March 12, 2001

OMB APPROVAL

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

Bjorndal	Earl	M.
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(Last)	(First)	(Middle)
955 Belmont Avenue		

(Street)		
North Haledon	New Jersey	07508
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(City)	(State)	(Zip)

2. Issuer Name and Ticker or Trading Symbol

Tech Laboratories, Inc. (TCHL)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

3/01

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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Option Plan to Mr. Bjorndal. Options to purchase up to 25,000 shares are vested and the remaining 25,000 vest next year.