## Edgar Filing: DREYER DAVID C - Form 4

DREYER I Form 4	DAVID C										
November	08, 2010										
FORM		STATES	SECU	DITIES AI			COMMISSIO	NT	PPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287				
Check t if no los subject Section	to <b>STATE</b>	MENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated			
Form 4 Form 5 obligati may co <i>See</i> Inst 1(b).	or Filed put ions ntinue.	(a) of the H	Public U	16(a) of the	e Securit ing Cor	npany Act	nge Act of 1934, of 1935 or Secti 940		•		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u></u> DREYER DAVID C			2. Issuer Name <b>and</b> Ticker or Trading Symbol			-	5. Relationship of Reporting Person(s) to Issuer				
		Patient Safety Tec [PSTX.OB]				ies, Inc	(Check all applicable)				
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director X Officer (gi	ve title Otl	% Owner her (specify		
TWO VEN 350	NTURE PLAZA, S	SUITE	10/22/2	-			below)	below) O, Vice Presider	nt		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			1	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
IRVINE, C	CA 92618						Form filed by Person	More than One R	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-Do	erivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Transaction	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cla	ass of sec	urities benefi	cially own	ned directly o	or indirectly.				
					inforn requir	nation cont ed to respo lys a currer	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab			curities Acqu s, warrants,			Beneficially Owner securities)	d			
1. Title of Derivative		insaction Da th/Day/Year		eemed ition Date, if	4. Transa	5. Numb ctiorDerivativ		ercisable and Date	7. Title and Amou Underlying Securi		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo Nun Shai
Employee Stock Options (right to buy)	\$ 0.75	10/22/2010		А	450,000		04/22/2011 <u>(1)</u>	10/22/2020	Common Stock	450

## **Reporting Owners**

Reporting Owner Name / Addre	PSS			
	Director	10% Owner	Officer	Other
DREYER DAVID C TWO VENTURE PLAZA SUITE 350 IRVINE, CA 92618			CFO, Vice President	
Signatures				
/s/ David C. Drever	11/05/2010			

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

Upon the six-month anniversary of the Effective Date, 100,000 shares vest and become exercisable. The remaining shares vest over a
(1) 42-month period at a rate of 1/48th of the total shares per month. The options will be 100% vested and exercisable on the fourth anniversary of the Effective Date.

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.