## Edgar Filing: MULLEN JAMES C - Form 4

MULLEN JA	MES C																		
Form 4																			
May 12, 2011	l																		
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 this						Expires:	January 31,												
subject to	if no longer subject to STATEMENT OF CHANG				SES IN BENEFICIAL OWNERSH				2005 average										
	Section 16. SECURITIE							Estimated average burden hours per											
Form 4 or								response 0.5											
Form 5 obligation	~ <sup>~</sup>	uant to Section 1																	
may conti	nue. Section 17(a	a) of the Public U 20(h) of the Ir	•	•	• •			n											
See Instru- 1(b).	ction	30(h) of the Ir	ivestinent v	company	Act	. 01 19	40												
1(0).																			
(Print or Type R	esponses)																		
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or <sup>*</sup>					Fradin														
MULLEN JA	AMES C	Symbol					Issuer												
	ELMER INC [PKI]				(Check all applicable)														
(Last) (First) (Middle) 3. Date of			f Earliest Transaction				(check an appreable)												
940 WINTER STREET 05/10/20			th/Day/Year) 0/2011 Amendment, Date Original				X_ Director 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing(Check												
												nth/Day/Year)				Applicable Line)			
											WALTHAM	. MA 02451							One Reporting Po More than One Ro
							Person												
(City)	(State) (State)	Zip) Tab	le I - Non-Do	erivative S	becuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned										
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	TransactionAcquired (A) or			Securities H Beneficially (	5. Ownership Form: Direct	Indirect Beneficial										
(Instr. 3)		any (Manth/Day/Vaar)	Code Disposed of (D)					(D) or Indirect (I)											
		(Month/Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)										
					(1)		Reported	(	(										
					(A) or		Transaction(s)												
			Code V	Amount		Price	(Instr. 3 and 4)												
Common Stock	05/10/2011		А	3,544	А	\$0	36,335	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day/	ate	(Instr. 3 and 4)		8. H Der Sec (In:
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
NQ Stock Option (right to buy)	\$ 28.225	05/10/2011		A	6,628		<u>(1)</u>	05/10/2018	Common Stock	6,628	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
MULLEN JAMES C 940 WINTER STREET WALTHAM, MA 02451	Х								
Signatures									
/s/ John L. Healy (POA on file) Mullen	es C.	05	5/12/2011						
<u>**</u> Signature of Reporting I		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 option vests in three equal annual installments beginning on the first anniversary of the date of grant, and has a 7 year exercise term.

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.