1

Beneficial Ownership

(Instr. 5)

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VALLEY FORGE SCIENTIFIC CORP Form 3 September 21, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROV OMB Number: 323

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Title of Derivative Security

(Instr. 4)

1. Name and Address of Reporting Person <u>*</u> HINSHAW JUANITA H		3. Issuer Name and Ticker or Trading Symbol VALLEY FORGE SCIENTIFIC CORP [VLFG]				
st) (Middle)	09/21/2005	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)			
TE CENTRE	(Check all applicable)		· · /			
et)		X_Director10% OfficerOther (give title below) (specify belo	(check rpphease Line)			
OÂ 63368			Person Form filed by More than One Reporting Person			
e) (Zip)	Table I - Non-Derivative Securities Beneficially Owned					
			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
-	ch class of securities benefici	ally SEC 1473 (7-02)			
information conta required to respo currently valid OM	ined in this form are not nd unless the form displa /B control number.	ays a	tions, convertible securities)			
	JANITA H (Middle) TE CENTRE et) OÂ 63368 e) (Zip) a separate line for earrectly. Persons who respondent of the re	Statement JANITA H (Month/Day/Year) (Middle) 09/21/2005 TE CENTRE et) OÂ 63368 e) (Zip) Table I - N 2. Amount of Beneficially (Instr. 4) a separate line for each class of securities beneficially (Instr. 4) Persons who respond to the collection of information contained in this form are not required to respond unless the form displacture to respond unless the form displacement to resplacement to respond unless the form displa	Statement VALLEY FORGE SCI VALLEY FORGE SCI VALLEY FORGE SCI VALLEY FORGE SCI VALLEY FORGE SCI (Middle) 09/21/2005 4. Relationship of Reporting Person(s) to Issuer FE CENTRE (Check all applicable) et) XDirector (give title below) 10% (specify below) OÂ 63368 ************************************			

3. Title and Amount of

Securities Underlying

Amount or

Number of

Shares

Derivative Security

(Instr. 4)

Expiration Title

2. Date Exercisable and

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

5.

(I)

Ownership

Derivative Security:

Direct (D)

or Indirect

Form of

4.

Conversion

or Exercise

Derivative

Price of

Security

OMB AF	PROVAL					
OMB Number:	3235-0104					
Expires:	January 31, 2005					
Estimated average						
burden hou	rs per					
response	0.5					

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
HINSHAW JUANITA H 3845 CORPORATE CENTRE DRIVE O'FALLON, MO 63368	ÂX	Â	Â	Â	
Signatures					
/s/ Juanita H. 09/21/2005 Hinshaw					

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

No securities beneficially owned.

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.