Edgar Filing: Konesky Gregory Alan - Form 4

| Konesky Gre Form 4 May 24, 2011 | | | | | | | | | | | |
|---|--------------------------|--|------------------------------|---|------------|-------------------------------------|--|---|--|-----------|--|
| FORM | | | SECUD | TTIEC A | | `TT A ' | NCE | COMMISSION | | PPROVAL | |
| Check thi | UNITEDS | Washington, D.C. 20549 | | | | | | | | 3235-0287 | |
| if no long subject to Section 10 Form 4 or Form 5 | er STATEM 6. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| obligation may conti <i>See</i> Instru 1(b). | inue. Section 17(a | 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 R | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Konesky Gregory Alan | | | 2. Issuer Symbol | Name and | Ticker or | Tradir | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | MEDICA | | P [bv: | x] | (Check all applicable) | | | |
| 3 ROLLING HILL RD. (Month/D 05/20/20 (Street) 4. If Ame | | | 3. Date of (Month/D 05/20/20 | • | ansaction | | | _X_Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | ndment, Dat th/Day/Year) | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| HAMPTON | BAYS, NY 1194 | 6 | | | | | | Form filed by M Person | Iore than One Re | eporting | |
| (City) | (State) (| Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year) (Instr. 3) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| 9 | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common stock | 05/20/2011 | | | S | 800 | D | \$ 2.99 | 2,500 | D | | |
| Reminder: Repo | ort on a separate line f | for each cla | ass of secu | rities benefi | cially own | ed dir | ectly 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | 4. Transact Code (Instr. 8) | of Deriva Securi Acquin (A) or Dispos of (D) (Instr. | er ative ities red sed 3, | | ate | Under Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------|--------------------------------------|---|--|--------------------|-------|--|------------------|---|--|
| | | | Code V | 4, and | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

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Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Konesky Gregory Alan 3 ROLLING HILL RD. HAMPTON BAYS, NY 119 | X 946 | | | | | | | | |
| Signatures | | | | | | | | | |
| s/ Gregory Konesky | 05/24/2011 | | | | | | | | |
| <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).

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.