Edgar Filing: AWARE INC /MA/ - Form 4

AWARE INC	C /MA/											
Form 4												
April 25, 200	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
		D STATES		ITIES Al hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check thi	s box		vv as	inington,	D.C. 20.	547				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O								NERSHIP OF	Expires:	2005		
subject to Section 10									Estimated average			
Form 4 or		SECONTIES							burden hours per response 0.5			
Form 5	Filed p	ursuant to	Section 10	5(a) of the	e Securiti	ies E	xchang	e Act of 1934,	10000100	0.0		
obligation	¹⁸ Section 1						-	f 1935 or Sectio	n			
may conti <i>See</i> Instru	nue.		of the In	•	•	- ·						
1(b).												
(Print or Type R	(esponses)											
1. Name and Address of Reporting Person 2. Issuer STAFFORD JOHN S JR Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
STAFFORD	JOHN S JK		Symbol					155001				
			AWARI	E INC /M	A/ [AW]	REJ		(Chec	k all applicable	.)		
(Last)	(First)	First) (Middle) 3. Date of Earliest Transaction										
			(Month/D	-				DirectorX_ 10% Owner Officer (give title Other (specify				
230 SOUTH LASALLE 04/ STREET, SUITE 400			04/23/20)08				below)	below)	er (specify		
STREET, SU	JIIE 400											
(Street) 4. If				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Fi				th/Day/Year)	I			Applicable Line) _X_ Form filed by One Reporting Person				
CHICAGO	IL 60604-1408	2						Form filed by N				
CIIICAUO,	IL 00004-1400	5						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securities Acquired			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ar) Execution	on Date, if	Transaction(A) or Disposed of				Securities	Form: Direct	Indirect Beneficial Ownership		
(Instr. 3)		any (Month)	any (Month/Day/Year)		Code (D) (Instr. 8) (Instr. 3, 4 and 5)			,	D) or indirect (I)			
		(WOIIII)	Day/Teal)	(111501.0)	(111501. 5,	4 anu	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported		. ,		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	04/23/2008			Р	5,139	А	\$ 3.05	3,321,550	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
STAFFORD JOHN S JR 230 SOUTH LASALLE S SUITE 400 CHICAGO, IL 60604-140 Signatures		х							
/s/ John Stafford	04/24/20	008							
**Signature of	Date								

**Signature of Reporting Person

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.