Edgar Filing: ORASURE TECHNOLOGIES INC - Form 4

ORASURE 7 Form 4 February 05,	TECHNOLOGI 2007	ES INC									
FORM	1									PPROVAL	
	UNITED) STATES		ITIES A hington,			IGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERS						NERSHIP OF	Expires: Estimated a burden hou				
Form 4 or Form 5response0.5Form 5 obligations may continue.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 19400.5											
(Print or Type R	lesponses)										
FORMICA P MICHAEL Symbol ORAS			Symbol	er Name and Ticker or Trading URE TECHNOLOGIES INC R]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 220 EAST F	(Last) (First) (Middle) 3. Date of (Month/Da 02/01/20			-				Director 10% Owner X Officer (give title below) Other (specify below) Exec. VP - Operations			
				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	emed on Date, if 'Day/Year)	Code	4. Securiti on(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/01/2007			A <u>(1)</u>	21,000	A	<u>(1)</u>	94,179	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)

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
NonQual. Stock Options	\$ 8.275	02/01/2007		A <u>(2)</u>	18,000	(2)	02/01/2017	Common Stock	18,000

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Reporting Owners

Reporting Owner Name / Address			Relationships	
1 0	Director	10% Owner	Officer	Other
FORMICA P MICHAEL 220 EAST FIRST STREET BETHLEHEM, PA 18015			Exec. VP - Operations	

Signatures

Mark L. Kuna, as Attorney-In-Fact for P. Michael Formica, (Power of Attorney previously 02/05/2007 filed)

<u>**</u>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).
- (1) Grant of restricted shares under the OraSure Technologies, Inc. 2000 Stock Award Plan, with one third of the grant vesting on February 1, 2008, February 1, 2009, and February 1, 2010. Vesting shall cease upon voluntary termination of employment.

Grant of nonqualified stock options, vesting and exercisable over a four year period, with one-fourth of the options vesting on the first(2) anniversary date of the grant and the remainder vesting ratably on a monthly basis, over the remaining 36 months. Vesting shall cease upon voluntary termination of employment.

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.

Date