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KUNA MAF	RK L										
Form 4											
January 26, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									APPROVAL		
	UNITED S	DIAIES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check the	is box		vv as	anngton,	D.C. 20	549				January 31,	
if no long		FNT OF	CHAN	GES IN I	RENEE	CTA	LOWN	JERSHIP OF	Expires:	2005	
subject to	,		CIIAI	NGES IN BENEFICIAL OWN SECURITIES					Estimated average		
Section 16. Form 4 or				SECONTIES					burden hours per response 0.5		
Form 5		suant to Se	ection 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	16300136	0.5	
obligation	¹⁸ Section $17(a$						•	1935 or Section	1		
may cont See Instru	inue.			vestment	•	· ·					
1(b).					-	-					
(Print or Type F	Responses)										
1 1 1 1 4	11 CD (* T	*						5 0 1 4 1 1			
KUNA MA	ddress of Reporting F			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symbol						CIEC					
ORASURE TECHNOLOGIES INC [OSUR] (Checl							k all applicable)				
- · ·										-	
				f Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
			(Month/D 01/23/20	Day/Year)				below) below)			
220 2/1011	IKOT STREET		01/23/20	511				Snr. V	P & Controlle	r	
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
DEINLENI	EM, PA 18015							Person			
(City)	(State) (Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct 1		
(Instr. 3)		any (Month/Dr	w/Vear)	Code (Instr. 8)	(Instr. 3,	4 and	5)	· · · · · ·	(D) or Ben Indirect (I) Own	Beneficial	
		(Month/Day/Year)		(111501. 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported	. ,	. ,	
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	01/23/2011	01/24/20	11	F(1)	2,073	D	\$	86,633	D		
Stock	0112012011	01/21/20		-	_,075	2	6.745	00,000	-		
Common	01/05/0011			$\mathbf{F}(1)$	2.072	D	¢ (57	94.5(0)	D		
Stock	01/25/2011			F <u>(1)</u>	2,073	D	\$ 0.57	84,560	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.

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
KUNA MARK L 220 EAST FIRST STREET BETHLEHEM, PA 18015			Snr. VP & Controller						
Signatures									
Mark L. Kuna	01/26/2011								

Mark L. Kuna

**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).
- (1) Withholding of shares to pay the tax liability associated with vesting of restricted shares.

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.