### GYRODYNE CO OF AMERICA INC

Form 4 June 16, 2008

P.V.

#### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading PITSIOKOS PETER Issuer Symbol GYRODYNE CO OF AMERICA (Check all applicable) INC [GYRO] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_ Other (specify X\_ Officer (give title (Month/Day/Year) below) below) 1 FLOWERFIELD 06/11/2008 **EVP** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting SAINT JAMES, NY 11780 Person

(City)	(State) (Z	Zip) Table	I - Non-De	erivative S	Securi	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	4 and (A) or	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Gyrodyne Company of America, Inc. Common \$1 P.V.	06/11/2008		S	1,080	` ,	\$ 36.5	3,420	D	
Gyrodyne Company of America, Inc. Common \$1							215	I	Child

**OMB APPROVAL** 

## Edgar Filing: GYRODYNE CO OF AMERICA INC - Form 4

Gyrodyne Company of America,

Inc. 137 I Child

Common \$1

P.V.

Gyrodyne Company of America,

Inc. 7 I Spouse

Common \$1

P.V.

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	C	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8) I	Derivative	•		Secur	ities	(Instr. 5)
	Derivative				S	Securities			(Instr.	. 3 and 4)	
	Security				A	Acquired					
					(	(A) or					
					I	Disposed					
					C	of (D)					
					(	Instr. 3,					
					4	4, and 5)					
										Amount	
							Date	Expiration Date		or	
									Title	Number	
									of	of	
				Code	V (	(A) (D)				Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Kelation	isnips	

Director 10% Owner Officer Other

PITSIOKOS PETER 1 FLOWERFIELD SAINT JAMES, NY 11780

**EVP** 

Reporting Owners 2

# **Signatures**

/s/ Peter Pitsiokos 06/16/2008

\*\*Signature of Date
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.

Signatures 3