Edgar Filing: KEATING MELVIN L - Form 4

| KEATING M | AELVIN L | | | | | | | | | | |
|---|---|-----------------------|------------------------|------------------------|--|------------------------|--|--|--------------------------|--|--|
| Form 4 | | | | | | | | | | | |
| March 21, 20 |)12 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMB AF | OMB APPROVAL | | | |
| | UNITED | | | | | NGE C | OMMISSION | OMB | 3235-0287 | | |
| Check thi | is hov | | Washington, | , D.C. 20 | 549 | | | Number: | | | |
| if no long | or | | | | | | | Expires: | January 31, 2005 | | |
| subject to | | | GES IN BENEFICIAL OWNE | | | | Estimated a | | | | |
| Section 1 | | | SECUR | SECURITIES | | | | burden hours per | | | |
| Form 4 or Form 5 | | avent to Secti | an 16(a) af th | a Canuit | ion Er | rahanaa | Λ at of 1024 | response | 0.5 | | |
| obligation | no * | | | | | • | e Act of 1934, 1935 or Section | n | | | |
| may conti | inue. | | ne Investment | | | | | 1 | | | |
| See Instru 1(b). | iction | 50(II) 01 ti | ie mvestment | Compan | y Aci | . 01 174 | 0 | | | | |
| 1(0). | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. Name and A | Issuer Name and | I Ticker or | Tradir | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| KEATING N | ıbol | | | | | | | | | | |
| | stream Inc. [B | eam Inc. [BITS] | | | | (Check all applicable) | | | | | |
| (Last) | (First) (I | Middle) 3. D | ate of Earliest Tr | ransaction | | | (Chee | k all applicable | ·) | | |
| (Month/E | | | onth/Day/Year) | h/Day/Year) | | | | _X_ Director 10% Owner | | | |
| | | | 9/2012 | | | | Officer (give title Other (specify below) below) | | | | |
| NICKERSO | N ROAD | | | | | | below) | Delow) | | | |
| | | | Amendment, Da | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | d(Month/Day/Year | - | | | | Applicable Line) | | | |
| | | | | | | | _X_Form filed by C | | | | |
| MARLBOR | OUGH, MA 017 | 52-4695 | | | | | Form filed by M Person | lore than One Re | porting | | |
| (City) | (State) | (Zip) | Table I New I |) | S | 4 | | · ··· D······ ························ | I O J | | |
| | | | | | | - | uired, Disposed of | | • | | |
| 1.Title of | 2. Transaction Date (Month/Day/Year) | | 3. a if Transportio | 4. Securit | | | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect | | |
| Security (Instr. 3) | (Wollar/Day/Tear) | Execution Date any | Code | | | | Beneficially | Form: Direct | | | |
| (| | (Month/Day/Y | | (| | , | Owned | (D) or | Ownership | | |
| | | | | | | | Following | Indirect (I) | (Instr. 4) | | |
| | | | | | (A) | | Reported Transaction(s) | (Instr. 4) | | | |
| | | | | | or | | (Instr. 3 and 4) | | | | |
| Class A | | | Code V | Amount | (D) | Price | , | | | | |
| Class A Common | 03/19/2012 | | D | 44,300 | D | \$ | 0 | D | | | |
| Common | 03/19/2012 | | D | ++,500 | D | 4.362 | 0 | 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | |
| KEATING MELVIN L C/O BITSTREAM INC. 500 NICKERSON ROAD MARLBOROUGH, MA 0 | 1752-4695 | Х | | | | | | |
| Signatures | | | | | | | | |
| Melvin L. Keating | 03/21/201 | 2 | | | | | | |
| <u>**</u> Signature of | 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.

Reporting Person