## Edgar Filing: SEGASTURE JAMES S - Form 4/A

SEGASTURE	E JAMES S											
Form 4/A												
October 07, 2	010											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE									OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this if no longe			Expires:	January 31,								
subject to	STAT	EMENT	OF CHANO	GES IN B	ENEFI	Expires. 200 Estimated average						
Section 16.				SECURITIES					burden hours per			
Form 4 or									response	•		
Form 5 obligation	-	<b>-</b>		· · ·			U	e Act of 1934,				
may conti				•	· ·			f 1935 or Sectio	n			
See Instruc		30(	h) of the Inv	estment C	Company	Act	of 194	40				
1(b).												
(Print or Type Ro	esponses)											
1. Name and Ad	Idress of Report	ing Person *	2 Issuer l	Name and T	Valtan an T			5. Relationship of	Reporting Per	son(s) to		
SEGASTUR				2. Issuer Name and Ticker or Trading Symbol SCIENTIFIC INDUSTRIES INC				Issuer				
			-									
	[SCND]					(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of I	3. Date of Earliest Transaction				X Director 10% Owner				
(			(Month/Da	(Month/Day/Year)					Officer (give titleOther (specify below)			
C/O SCIENT		STRIES	10/07/20	10				below)	UCIOW)			
INC, 70 ORV	VILLE DR											
(Street)			4. If Amen	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Month	Filed(Month/Day/Year)					Applicable Line)			
			10/05/20	10/05/2010					_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BOHEMIA,	NY 11716							Person		porting		
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	n Date 2A.	Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year) Execu		ution Date, if		tionAcquired (A) or			Securities	Form: Direct			
(Instr. 3)		any	eth/Dov/Voor)	Code	Disposed of (D) 3) (Instr. 3, 4 and 5)			•	(D) or	Beneficial		
			nth/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	3)	Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(	(		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Scientific												
Industries,							¢					
Inc.	10/04/2010	)		S	5,000	D	\$ 3.1	181,750	D			
Common							5.1					
Stock												

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**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
C/O SCIENTIFIC IN 70 ORVILLE DR	SEGASTURE JAMES S C/O SCIENTIFIC INDUSTRIES INC 70 ORVILLE DR BOHEMIA, NY 11716							
Signatures								
James S. Segasture	10/07/2010	)						
<u>**</u> 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).

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.