## Edgar Filing: VALUE LINE INC - Form 4

VALUE INE INC

| Form 4   | INC INC                                 |   |   |  |            |   |   |  |   |         |  |  |
|--|---|---|---|--|------------|---|---|--|---|---------|--|--|
| January 08, 2  |   |   |   |  |            |   |   |  | omb af  | PPROVAL |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |   |   |   |  |            |   | OMB<br>Number:  | 3235-0287  |   |         |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>SECURITIES      |   |   |   |  |            |   | January 31,<br>2005Estimated average<br>burden hours per<br>response0.5 |  |   |         |  |  |
| (Print or Type F   | Responses)                              |   |   |  |            |   |   |  |   |         |  |  |
| ARNOLD BERNHARD & CO INC Symbol  |   |   |   | Traine una Trener er Traung                      |            |   |   | Issuer   | . Relationship of Reporting Person(s) to<br>ssuer<br>(Check all applicable) |         |  |  |
| (Month/D<br>220 EAST 42ND STREET 01/04/20<br>(Street) 4. If Amer<br>Filed(Mon  |   |   | -   | ansaction  |            |   | Director<br>Officer (give<br>below)                                     | X 10%  |   |         |  |  |
|  |   |   | nendment, Date Original<br>onth/Day/Year) |  |            | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |   |  |   |         |  |  |
|  | K, NY 10017                             | (7:)  |   |  |            |   |   | Person   |   | porting |  |  |
| (City)   |   | (Zip)   |   |  |            |   | -   | uired, Disposed of   |   | -       |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deeme<br>Execution I<br>any<br>(Month/Day | Date, if                                  | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | (Instr. 3, | spose   | d of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)        |         |  |  |
| Common<br>Stock  | 01/04/2008                              |   |   | Р  | 1,200      | А   | \$<br>39.69   | 8,633,633  | 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<br>Derivative | 2.<br>Conversion | 3. Transaction Date<br>(Month/Day/Year) |                  | 4.<br>Transactie | 5.<br>onNumber | 1                     | Date               | Amou   | le and<br>unt of                       | 8. Price of Derivative | 9. Nu<br>Deriv |
|---------------------------|------------------|---|------------------|------------------|----------------|-----------------------|--------------------|--------|--|------------------------|----------------|
| Security                  | or Exercise      |   | any              | Code             | of             | (Month/Day            | /Year)             | Unde   | rlying                                 | Security               | Secu           |
| (Instr. 3)                | Price of         |   | (Month/Day/Year) | (Instr. 8)       | Derivati       | ive                   |                    | Secur  | rities                                 | (Instr. 5)             | Bene           |
|                           | Derivative       |   |                  |                  | Securiti       | es                    |                    | (Instr | . 3 and 4)                             |                        | Owne           |
|                           | Security         |   |                  |                  | Acquire        | d                     |                    |        |  |                        | Follo          |
|                           |                  |   |                  |                  | (A) or         |                       |                    |        |  |                        | Repo           |
|                           |                  |   |                  |                  | Dispose        | d                     |                    |        |  |                        | Trans          |
|                           |                  |   |                  |                  | of (D)         |                       |                    |        |  |                        | (Instr         |
|                           |                  |   |                  |                  | (Instr. 3      | ,                     |                    |        |  |                        |                |
|                           |                  |   |                  |                  | 4, and 5       | )                     |                    |        |  |                        |                |
|                           |                  |   |                  | Code V           | (A) (D         | ) Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |                        |                |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9                                | Director      | 10% Owner | Officer | Other |  |  |  |
| ARNOLD BERNHARD & CO INC<br>220 EAST 42ND STREET<br>NEW YORK, NY 10017 |               | Х         |         |       |  |  |  |
| Signatures   |               |           |         |       |  |  |  |
| /s/ Howard A. Brecher, Vice<br>President                               | 01/           | /07/2008  |         |       |  |  |  |
| **Signature of Reporting Person  |               | Date      |         |       |  |  |  |
| Evalence of Decrements   |               |           |         |       |  |  |  |

## **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.