Edgar Filing: ASTA FUNDING INC - Form 4

ASTA FUNE	DING INC										
Form 4											
January 22, 2	2008										
FORM			ECUDI					COMMERION	т	PPROVAL	
	UNITED	SIAIESS					NGE (COMMISSION	ONID	3235-0287	
Check thi	s box		vv asr	nington, I	D.C. 203	549			Number:	January 31,	
if no long subject to Section 10	SIAIEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: 2009 Estimated average burden hours per		
Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940							0.5			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> CELANO ED			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
		А	ASTA F	UNDING	INC [A	SFI]		(Cheo	ck all applicable	e)	
(Last)	(First) (M	, ,	3. Date of Earliest Transaction								
C/O ASTA I SYLVAN A	FUNDING, INC. VENUE		Month/Da)1/17/20	-				X Director Officer (give below)		6 Owner er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ENGLEWO	OD CLIFFS, NJ	07632						Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		Date, if	Code Disposed of (D)				SecuritiesIBeneficially()OwnedIFollowing()	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Stock, par value \$.01 per share	01/17/2008			А	5,000 (1)	A	\$0	8,000	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	. Date Exercisable and Expiration Date Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address CELANO ED

Х

Director

C/O ASTA FUNDING, INC. 210 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632

Signatures

/s/ Ed Celano	01/22/2008
/S/ Eu Celano	01/22/2008

**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).

Relationships

10% Owner Officer

Other

These shares have the following vesting schedule: 1,000 shares vest in the event of the reporting person's death, disability, retirement, or (1) reach of age eighty (80) and in any event no earlier than October 1, 2008; the remaining shares vest in three equal annual installments starting on October 1, 2008.

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.