VALUE LINE INC Form 3

## FORM 3

May 19, 2009

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

Legon, Ruth O.

(Last)

(First)

(Middle)

(Zip)

Statement

(Month/Day/Year)

04/15/2009

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

VALUE LINE INC [VALU]

(Check all applicable)

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

220 EAST 42ND STREET, 6TH **FLOOR** 

(Street)

\_X\_\_ Director Officer (give title below) (specify below)

10% Owner Other

6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting

Person

\_X\_ Form filed by More than One

Reporting Person

**NEW YORK** CITY, NYÂ 10017

(City) (State)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

Beneficially Owned

(Instr. 4)

Ownership Form: Direct (D)

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 4)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise Price of

Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

**Expiration Title** Date

Amount or Number of

Shares

Derivative Security

Direct (D) or Indirect (I)

1

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Othe
Legon, Ruth O. 220 EAST 42ND STREET, 6TH FLOOR NEW YORK CITY, NY 10017	ÂX	Â	Â	Â
Perkins, Robert M. 220 EAST 42ND STREET, 6TH FLOOR NEW YORK CITY Â NYÂ 10017	ÂΧ	Â	Â	Â

# **Signatures**

Ruth O Legon

\*\*Signature of Reporting Person

Robert M.

Perkins

\*\*Signature of Date

04/16/2009

Date

04/16/2009

## **Explanation of Responses:**

### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

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