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HOWARD Form 4 July 21, 201	DR LAWRENC	E								
FORM	ЛЛ		CECU	DITIEC			COMMISSION	Т	PPROVAL	
Check t	UNITED	SIAIES		shington				OMB Number:	3235-0287	
if no lor subject Section Form 4	nger STATE to STATE 16.	MENT OI	F CHAI	WNERSHIP OF	Expires: Estimated burden hou response	ours per				
Form 5 obligation may corn <i>See</i> Inst 1(b).	ons Section 17	(a) of the l	Public U	Jtility Hol	lding Cor		nge Act of 1934, of 1935 or Sectio 940	·		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> HOWARD DR LAWRENCE			2. Issuer Name and Ticker or Trading Symbol ICAD INC [icad]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)			
C/O ICAD ROAD, SU	, INC., 98 SPIT F NTE 100	BROOK	(Month/ 07/20/2	Day/Year) 2010			X_ Director Officer (giv below)		% Owner her (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 Form filed by More than One Reporting 				
NASHUA,	NH 03062						Person	More than One K	epotting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	port on a separate lin	e for each ol	ass of see				or indirectly			
Kenninger. Ke	port on a separate fill			unues delle	Perso inforn requir	ns who res nation cont red to resp nys a curre	spond to the colle ained in this form and unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security			(Instr. 3	8)	(D)	A) or Disposed of D) Instr. 3, 4,					(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (right to buy)	\$ 1.95	07/20/2010		A		3,750		07/20/2010	07/20/2015	Common Stock	3,750	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOWARD DR LAWRENCE C/O ICAD, INC. 98 SPIT BROOK ROAD, SUITE 100 NASHUA, NH 03062	х						
Signatures							
/s/Annette Heroux,Attorney-in-Fact	07/21/202	10					
**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.

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