Edgar Filing: LEGROTTAGLIE VITO - Form 4

LEGROTTA	GLIE VITO											
Form 4												
November 09	9, 2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated	2005		
Section 16.				SECURITIES					burden hou			
Form 4 or	·								response	•		
Form 5	10	^						ge Act of 1934,				
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
See Instru		30(h)) of the In	vestment	Company	y Act	of 19	40				
1(b).												
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to										son(s) to		
LEGROTTA	GLIE VITO		Symbol	-				Issuer				
			-	Vayside Technology Group, Inc.				(Check all applicable)				
			[WSTG]									
(Last)	(First)	(Middle)	3 Date of	Earliest Tra	ansaction			Director	109	6 Owner		
				nth/Day/Year)			Officer (give title Other (specify					
1157 SHREWSBURY AVE. 11/05/20			-				below) below) Vice President of Operations					
	(Street)		1 If Amo					-				
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
Filed(Mon				onin/Day/rear)				_X_ Form filed by One Reporting Person				
SHREWSBU	URY, NJ 077	02							More than One R			
(City)	(State)	(Zip)										
(()))	(State)	(24)	Table	e I - Non-D	erivative S	securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction			3.	4. Securi			5. Amount of		7. Nature of		
Security (Instr. 3)	(Month/Day/Y		ion Date, if		onAcquired			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(insu: <i>5</i>)		any (Month	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership			
(month Duy) T				(inst. 5) (inst. 5, 4 and 5)			Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(Insu: 5 and 4)				
Common Stock	11/05/2009			F	363	D	\$ 7.9	22,819	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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	Relationships							
	Director	10% Owner	Officer	Other				
LEGROTTAGLIE VITO			Vice					
1157 SHREWSBURY AVE.			President of					
SHREWSBURY, NJ 07702			Operations					
O'								

Signatures

/s/ Vito Legrottaglie 11/06/2009

<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.