### Edgar Filing: UTAH MEDICAL PRODUCTS INC - Form 4

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Form 4	ICAL PRODUCT	ΓS INC								
April 01, 201									PPROVAL	
FORM	<b>4</b> UNITED S	STATES SEC	URITIES A	AND EX	СНА	NGE C	COMMISSION	OMB		
Check thi	s box	V	Washington, D.C. 20549					Number:	3235-0287	
if no long	er STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							January 31, 2005	
subject to Section 1			SECURITIES					Estimated average burden hours per		
Form 4 or	Form 4 or							response	0.5	
Form 5 obligatior	•					•	e Act of 1934,			
may conti	inue. Section 17(a	30(h) of the Public $30(h)$ of the	•	•	· ·	•	1935 or Section	n		
<i>See</i> Instru 1(b).	iction	bo(ii) of the	, in , estiment	e compu			0			
(Print or Type R	Responses)									
1. Name and A RICHINS P.	ddress of Reporting P AUL O		2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		UTAH MEDICAL PRODUCTS INC [UTMD]				(Check all applicable)				
(Last)		Date of Earliest Transaction			_X_ Director 10% Owner					
7043 SOUTH 300 WEST							XOfficer (give titleOther (specify below) below) VP, Treasurer, Asst Secretary			
(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			
MIDVALE, UT 84047 MIDVALE, UT 84047 MIDVALE, UT 84047										
(City)	(State) (	Zip) 7	able I - Non-	Derivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ar) (Instr. 8)	<ol> <li>4. Securition(A) or D</li> <li>(Instr. 3,</li> <li>7 Amount</li> </ol>	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common	02/28/2014					\$	26.256	т	See note	
Stock	03/28/2014		G	200	D	55.32	26,356	I	(1)	
Common Stock	04/01/2014		G	25	D	\$ 56.71	26,306	Ι	See note $(1)$	

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.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
RICHINS PAUL O 7043 SOUTH 300 WEST MIDVALE, UT 84047	Х		VP, Treasurer, Asst Secretary				
Signatures							

/s/ Paul O. 04/01/2014 Richins \*\*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).

(1) 1,245 shares held by spouse's IRA; 667 by mother; 665 by sons; 500 by own IRA; 23,229 by the Richins Family Trust.

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.