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SLOVIN BF Form 4 June 15, 201											
FORM	14					~~~			OMB A	PPROVAL	
. •	•• UNITE	ED STATE		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant			F CHAN	IGES IN SECUR	BENEFI RITIES	[CIA]		Expires: January Estimated average burden hours per response			
obligatio may con <i>See</i> Instr 1(b).	tinue. Section	17(a) of the	Public U		ding Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
1. Name and A	Address of Report	ing Person <u>*</u>	2. Issue	r Name and	l Ticker or	Tradir	ισ	5. Relationship of	Reporting Pers	son(s) to	
SLOVIN BRUCE			Symbol	ECHNO			-0	Issuer (Check all applicable)			
(Mont				Date of Earliest Transaction onth/Day/Year) /15/2011				X Director 10% Owner Officer (give title Other (specify below) below)			
INC., 35 EA	AST 62ND ST	REET									
NEW YOR	(Street) K, NY 10065			endment, Da nth/Day/Year	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson	
(City)	(State)	(Zip)				~ .		Person			
		-					-	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any	med on Date, if Day/Year)	Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4) Amount	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$.0001 per share	06/15/2011			Р	10,000	А	\$ 11.02	50,000	D		
Common Stock, par value \$.0001 per share	06/15/2011			Р	5,000	A	\$ 11.06	55,000	D		
								40,000 (1)	I	By Spouse	

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Common			
Stock, par			
value			
\$.0001 per			
share			
Common			
Stock, par			Der
value	35,000 <u>(1)</u>	Ι	By Doughton
\$.0001 per			Daughter
share			

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. Transac Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
				Officer	Other				
SLOVIN BRUCE C/O SIGA TECHNOLOGII 35 EAST 62ND STREET NEW YORK, NY 10065	ES, INC.	X							
Signatures									
/s/ Bruce Slovin	06/15/201	1							
<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).
- (1) The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.