

KANE STEVEN H  
Form 3  
August 17, 2009

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB  
Number: 3235-0104  
Expires: January 31,  
2005  
Estimated average  
burden hours per  
response... 0.5

## 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 \*

Â KANE STEVEN H

(Last) (First) (Middle)

C/O PATIENT SAFETY  
TECHNOLOGIES,  
INC.,Â 43460 RIDGE PARK  
DRIVE, SUITE 140

(Street)

TEMECULA,Â CAÂ 92590

(City) (State) (Zip)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

04/16/2008

3. Issuer Name **and** Ticker or Trading Symbol  
Patient Safety Technologies, Inc [PSTX.OB]

4. Relationship of Reporting  
Person(s) to Issuer

5. If Amendment, Date Original  
Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☐ 10% Owner

☒ Officer ☐ Other

(give title below) (specify below)

President and CEO

6. Individual or Joint/Group  
Filing(Check Applicable Line)  
☒ Form filed by One Reporting  
Person  
☐ Form filed by More than One  
Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security  
(Instr. 4)

2. Amount of Securities  
Beneficially Owned  
(Instr. 4)

3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)

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

NO SHARES BENEFICIALLY OWNED 0

D Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

5. Ownership  
Form of

6. Nature of  
Indirect Beneficial  
Ownership

## Edgar Filing: KANE STEVEN H - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Options (right to buy)	05/07/2009 <sup>(2)</sup>	05/07/2013	Common Stock	2,000,000 <sup>(3)</sup>	\$ 0.75	D	Â
Warrants	04/16/2008 <sup>(1)</sup>	04/16/2015	Common Stock	300,000	\$ 1.25	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KANE STEVEN H C/O PATIENT SAFETY TECHNOLOGIES, INC. 43460 RIDGE PARK DRIVE, SUITE 140 TEMECULA, CA 92590	Â X	Â	Â President and CEO	Â

## Signatures

/s/ Mary A. Lay, Attorney  
in Fact

08/17/2009

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* 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).

(1) On 4/16/08, Reporting Person was appointed as Director of the Issuer

(2) On 5/7/09, Reporting Person was appointed as President & CEO of the Issuer

On 5/7/09, Reporting Person received 2,000,000 stock options which vest as follows: On 11/7/09 250,000 shares shall vest and become

(3) exercisable and thereafter the remaining shares shall vest over a 42 month period at the rate of 1/48th of the total shares, with 100% of the Option becoming exercisable on the 48th anniversary of the Effective Date.

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.