MGC DIAGNOSTICS Corp Form 4

March 24, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue.

(Print or Type Responses)

(Last)

(City)

1.Title of

Security

(Instr. 3)

Restricted

Stock

See Instruction 1(b).

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

1. Name and Address of Reporting Person * MUNZENRIDER ROBERT E

(Zip)

2. Transaction Date 2A. Deemed

(First) (Middle)

1302 W AVIATOR CIR

(Street)

(State)

(Month/Day/Year)

03/20/2014

PAYSON, AZ 85541

2. Issuer Name and Ticker or Trading

Symbol

MGC DIAGNOSTICS Corp [MGCD]

3. Date of Earliest Transaction (Month/Day/Year)

03/20/2014

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities 3.

TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A) or Amount (D) Price

Code V 3,045 A (1)

\$0 39,359 (2)

X Form filed by One Reporting Person Form filed by More than One Reporting Person

Officer (give title

Issuer

below)

X_ Director

Applicable Line)

5. Amount of

Securities

Following

Reported

Transaction(s)

(Instr. 3 and 4)

Owned

Beneficially

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

D

Indirect Beneficial Ownership (Instr. 4)

10% Owner

Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

(Check all applicable)

Estimated average

burden hours per

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

Execution Date, if

(Month/Day/Year)

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative Securities			Securitie	es	(Instr. 5)	Bene
	Derivative							(Instr. 3	and 4)		Own
	Security Acquired										Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								٨	mount		
								01			
						Date Exercisable	Expiration Date		umber		
								of			
				Code V	(A) (D)				hares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Topolonia o militari	Director	10% Owner	Officer	Other			
MUNZENRIDER ROBERT E 1302 W AVIATOR CIR PAYSON, AZ 85541	X						

Signatures

Getey M. Ritchott, Attorney-in-Fact for Robert Munzenrider

03/24/2014

**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).
- Restricted stock vests on the earlier of: a) March 20,2015; or b) the date of the Company's 2015 Annual Meeting of Shareholders, **(1)** provided that in either event the reporting person continues to serve as a director of the Company until that date.
- Pursuant to the Company's 2007 Stock Incentive Plan, the reporting person was granted \$32,000 in restricted stock at the closing price of \$10.51 per share on March 20, 2014.

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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