Edgar Filing: MAXWELL ROBERT PATRICK - Form 4

MAXWELL ROBERT PATRICK

Form 4

September 17, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

Number: 3235-0287

Sypiron: January 31,

Expires: 2005
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0.5

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * MAXWELL ROBERT PATRICK			2. Issuer Name and Ticker or Trading Symbol UROPLASTY INC [UPI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check air approacie)		
UROPLASTY ROAD	UROPLASTY, INC., 5420 FELTL ROAD		(Month/Day/Year) 09/13/2012	XDirector10% Owner Officer (give title below)Other (specify below)		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MINNETONKA, MN 55343			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	Table	: I - Non-Do	erivative Securi	ities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	nAcquired (A) o	r	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D))	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and	5)	Owned	Indirect (I)	Ownership
						Following	(Instr. 4)	(Instr. 4)
				(4)		Reported		
				(A)		Transaction(s)		
			C 1 W	or	ъ.	(Instr. 3 and 4)		
			Code V	Amount (D)	Price			
common	09/13/2012		A	4,000 A	\$ 0	132.234 (1)	D	
stock	0,,10,2012			$\frac{(1)}{}$	Ψ 0	102,201_		

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.

SEC 1474

(9-02)

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 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. Number op for Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
non-qualified stock options	\$ 0.77					09/15/2009	09/14/2014	common stock	15,00
non-qualified stock options	\$ 4.16					09/14/2011	09/13/2017	common stock	6,17:
non-qualified stock options	\$ 4.83					09/14/2012	09/13/2018	common stock	5,47:
non-qualified stock options	\$ 3.76	09/13/2012		A	7,025	09/13/2013	09/12/2019	common stock	7,02:

Reporting Owners

Reporting Owner Name / Address Relationships

X

Director 10% Owner Officer Other

MAXWELL ROBERT PATRICK UROPLASTY, INC. 5420 FELTL ROAD MINNETONKA, MN 55343

Signatures

Larry Bakeman 09/17/2012

**Signature of 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) Includes 4,000 shares of restricted stock subject to risk of forfeiture that lapses six months from the grant date (September 13, 2012).

Remarks:

Signature is on behalf of Mr. Maxwell.

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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