Edgar Filing: UROPLASTY INC - Form 4

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Form 4											
October 02, 2 FORM Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may cont <i>See</i> Instru 1(b).	I 4 UNITED is box ger 6. r Filed pu Section 17	MENT O Dirsuant to S 7(a) of the 1	Was F CHAN Section 1 Public Ut	Shington, GES IN I SECUR 6(a) of the	D.C. 205 BENEFI ITIES e Securiti ling Com	549 CIAI es Ex pany	L OW cchang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u></u> JAMISON THOMAS EDWARD			 Issuer Name and Ticker or Trading Symbol UROPLASTY INC [UPI] Date of Earliest Transaction 					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
. ,	ENTER, 80 SO	. ,	(Month/E 09/25/2	ay/Year)	ansaction			X Director Officer (give below)		b Owner er (specify	
			ndment, Da nth/Day/Year)	-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
MINNEAPO	OLIS, MN 5540	02						Form filed by Person	More than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securit m(A) or Dis (D) (Instr. 3, 4 Amount	sposed	l of 5) Price	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	09/25/2006			М	20,000	А	\$ 2.4	100,100 (1)	D		

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)

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ve Expiration D (Month/Day,	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount 8. ng De Se I 4) (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
stock options	\$ 2.4	09/25/2006		М	6,66	6 09/25/200	1 09/25/2006	common stock	6,666
stock options	\$ 2.4	09/25/2006		М	6,66	7 09/25/200	2 06/25/2006	common stock	6,667
stock options	\$ 2.4	09/25/2006		М	6,66	7 09/25/200	3 09/25/2006	common stock	6,667

Reporting Owners

Reporting Owner Name / Address		Relationships						
hepotoling o wher famile / frac	Direc	ctor	10% Owner	Officer	Other			
JAMISON THOMAS EDW 3902 IDS CENTER 80 SOUTH EIGHT ST MINNEAPOLIS, MN 55402	Х	K						
Signatures								
Larry Bakeman	10/02/2006							
<pre>**Signature of Reporting Person</pre>	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).
- Includes 20,100 shares and 80,000 shares that Ms. Holman may acquire upon the exercise of options that are exercisable within 60 days (1) of September 25, 2006.
- The price in column 8 is not applicable as this is not the sale of a derivative security but rather the exercise of a derivative security. See (2)the exercise price in column 2.

Remarks:

Signature is on behalf of Mr. Jamison

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.