#### LOVETT JAMES W

Form 3

October 12, 2010

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

**OMB APPROVAL** 

**OMB** Number:

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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 \*

LOVETT JAMES W

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

10/06/2010

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

BIOCLINICA INC [BIOC]

(Check all applicable)

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O BIOCLINICA, INC., Â 826 **NEWTOWN-YARDLEY ROAD** 

(Street)

(State)

\_X\_ Director Officer (give title below) (specify below)

10% Owner Other

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

NEWTOWN, PAÂ 18940

1. Title of Security (Instr. 4)

(City)

(Zip)

2. Amount of Securities

Beneficially Owned

(Instr. 4)

Ownership Form: Direct (D)

or Indirect (I) (Instr. 5)

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

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

SEC 1473 (7-02)

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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)

Exercisable

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of

Ownership Form of Derivative

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

Date

**Expiration Title** Date

Amount or Number of Shares

Derivative Security

Direct (D) or Indirect (I)

Security:

1

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

LOVETT JAMES W

C/O BIOCLINICA, INC.
826 NEWTOWN-YARDLEY ROAD
NEWTOWN. PAÂ 18940

## **Signatures**

/s/ James W.
Lovett

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

## No securities are beneficially owned

- \* 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).

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### **Remarks:**

Mr. Lovett was appointed to the Board of Directors of BioClinica, Inc. (the "Company") on Octobe not currently own any securities or any rights to acquire securities of the Company.

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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