Gatch Philip

Form 3/A August 26, 2005								
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION					M OMB A	OMB APPROVAL		
		Washington, I	D.C. 20549			OMB Number:	3235-0104	
	INITIAL S	STATEMENT OF BEN		OWNERSH	IIP OF	Expires:	January 31,	
	ion 17(a) of	SECURI t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C	Securities E	y Act of 193		Estimated a burden hou response	irs per	
(Print or Type Responses)								
1. Name and Address of Reporting Person <u>*</u> Gatch Philip (Last) (First) (Middle) C/O. PATIENT SAFETY TECHNOLOGIES, INC., 100 WILSHIRE BLVD., 15TH		2. Date of Event Requiring Statement (Month/Day/Year) 06/30/2005	3. Issuer Name and Ticker or Trading Syn Patient Safety Technologies, Inc [H			[PST]	PST]	
			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		File 06/	5. If Amendment, Date Original Filed(Month/Day/Year) 06/30/2005		
FLOOR (Street)					ow) 6. Ir cer Filin _X_	idividual or Joir ng(Check Applica Form filed by On	ble Line)	
SANTA MONICA, CA 904	401					on Form filed by Mo orting Person	re than One	
(City) (State)	(Zip)	Table I - I	Non-Deriva	tive Securiti	ies Benefi	cially Owned	1	
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature o Ownership (Instr. 5)	f Indirect Benei	ïcial	
Common Stock, par va	alue \$0.33	24,487		D	Â			
Reminder: Report on a sepa owned directly or indirectly		ach class of securities benefic	ially	SEC 1473 (7-02	2)			
infor requi	mation contained to respond	pond to the collection of ained in this form are not ond unless the form disp MB control number.	t					
Table II - De	erivative Secu	rities Beneficially Owned (e	e.g., puts, calls	s, warrants, op	tions, conve	rtible securities	5)	
1 Title of Device fine 0		to Energiable and Com'd		-£ 1	F		f I 1' (

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

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			(Instr. 4)		Price of	Derivative
Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
in porting of the	Reporting Owner Mane / Marciss		10% Owner	Officer	Other		
Gatch Philip C/O. PATIENT SAFETY TECHNOLOGIES, INC. 100 WILSHIRE BLVD., 15TH FLOOR SANTA MONICA, CA 90401		Â	Â	Chief Technology Officer	Â		
Signatures							
/s/ Philip Gatch	08/25/2005						
<u>**</u> 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).

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.