### SCHAFFER MICHAEL I

Form 4 May 12, 2011

# FORM 4

### **OMB APPROVAL**

3235-0287

January 31,

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

**OMB** Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Expires: 2005 Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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).

(Print or Type Responses)

1. Name and Address of Reporting Person * SCHAFFER MICHAEL I			Symbol		d Ticker or Trading  CS CORP [PMD]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) (First) (Middle)		(Middle)	3. Date of	f Earliest T	Fransaction	(check an applicable)				
		(Month/I	Day/Year)		Director	10%	Owner			
C/O PSYC		05/10/2	011		_X_ Officer (give		er (specify			
CORPOR <i>A</i> PARK	ATION, 125 N	AGOG				vP of La	below) boratory Operat	tions		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Ye	ar)	Applicable Line) _X_ Form filed by One Reporting Person				
ACTON, N	MA 01720					Form filed by N Person	Nore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acq	uired, Disposed of	f, or Beneficial	ly Owne		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Natu		
Security	(Month/Day/Y	ear) Execution	on Date, if	Transact	ion(A) or Disposed of (D)	Securities	Form: Direct	Indirect		

(City)	(State) (	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transactio Code (Instr. 8)				Securities Fo Beneficially (D Owned Inc	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)					
Stock, \$.005 Par Value	05/10/2011		F	409	D	\$ 10.62	19,447	D				

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

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.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	*	Title N	Number		
						Excicisable Date		of			
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

SCHAFFER MICHAEL I C/O PSYCHEMEDICS CORPORATION 125 NAGOG PARK ACTON, MA 01720

**VP** of Laboratory Operations

## **Signatures**

Patrick J. Kinney, Jr. as attorney-in-fact for Michael I. Schaffer

05/12/2011

\*\*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).

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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