ORTHOLOGIC CORP

Form 4

August 17, 2007

FORM 4

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

OMB 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

0.5

OMB APPROVAL

Section 16. 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

2. Issuer Name and Ticker or Trading

ORTHOLOGIC CORP [OLGC]

Symbol

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

1(b).

(Print or Type Responses)

HOLLIMAN JOHN M III

1. Name and Address of Reporting Person *

								(CII	cck an applicat	nc)	
(Last) (First) (Middle)			3. Date of Earliest Transaction								
			(Month/D	ay/Year)				_X_ Director	10	0% Owner	
1275 WEST WASHINGTON			08/16/2	007				_X_ Officer (gi	ther (specify		
STREET			00,10,2					below) below)			
OTKLLI								Exe	ecutive Chairm	an	
	(Street)		4. If Ame	ndment, D	ate Origina	ıl		6. Individual or	Joint/Group Fi	ling(Check	
			Filed(Mor	nth/Day/Yea	r)			Applicable Line)			
			`	•				_X_ Form filed by	y One Reporting	Person	
TEMPE, AZ	7.85281								More than One	Reporting	
1 LIVII L, 7 W	2 03201							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secur	ities Ac	quired, Disposed	of, or Benefici	ally Owned	
1.77.4	2 T .: D	. 24 D						•	ŕ	·	
1.Title of	2. Transaction Da			3.				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year		on Date, if		on(A) or D	ispose	d of	Securities	Ownership	Indirect	
(Instr. 3)		any	D /57	Code	(D)	4 1	5 \	Beneficially	Form: Direct		
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	(D) or	Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	08/16/2007			P	5,000	٨	\$	110.005	D		
Stock	08/10/2007			r	3,000	Α	1.43	119,095	ט		
										ъ	
										Dorsey	
Common										Drew	
Common								3,000	I	Holliman	
Stock								2,000	-	Revokable	
										Trust	
_										Valley	
Common								1,000	I	Ventures	
Stock								1,000	1		
										III, L.P.	

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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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or]
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable Date	Date		of		
				Code V	(A) (D)						
				Code v	(A) (D)				Shares		

Reporting Owners

Paparting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

HOLLIMAN JOHN M III

1275 WEST WASHINGTON STREET X Executive Chairman
TEMPE, AZ 85281

Signatures

Reporting Person

/s/ Les M.
Taeger

**Signature of 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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