

UTAH MEDICAL PRODUCTS INC
Form 4
December 17, 2007

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 *
RICHINS PAUL O

2. Issuer Name and Ticker or Trading Symbol
UTAH MEDICAL PRODUCTS INC
[UTMD]

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

(Last) (First) (Middle)
7043 SOUTH 300 WEST
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
12/14/2007

Director 10% Owner
 Officer (give title below) Other (specify below)
VP, Treasurer, Asst. Secretary

MIDVALE, UT 84047

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D) Code V Amount Price			
Common Stock	12/14/2007		S	1,000 D \$ 30	24,934	D	
Common Stock	12/14/2007		F	405 D \$ 30	24,529	D	
Common Stock	12/14/2007		M	375 A \$ 18	24,904	D	
Common Stock	12/14/2007		M	250 A \$ 21.68	25,154 ⁽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.

SEC 1474
(9-02)

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

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Employee Stock Option ⁽²⁾	\$ 18	12/14/2007		M	375	10/01/2007 ⁽³⁾ 10/04/2014	Common Stock	375
Employee Stock Option ⁽²⁾	\$ 21.68	12/14/2007		M	250	10/01/2007 ⁽⁴⁾ 05/13/2015	Common Stock	250

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
RICHINS PAUL O 7043 SOUTH 300 WEST MIDVALE, UT 84047	X		VP, Treasurer, Asst. Secretary	

Signatures

/s/ Paul O.
Richins

12/17/2007

**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).
- (1) An additional 3,077 shares held indirectly. 1,245 held by spouse's IRA; 667 by mother; 665 by son; 500 by own IRA.
- (2) Right to buy, with tandem tax withholding right.

Edgar Filing: UTAH MEDICAL PRODUCTS INC - Form 4

- (3) 125 shares vested 10/01/2005 and an additional 31.25 shares vested 01/01/2006 and on the first day of each calendar quarter since.
- (4) 100 shares vested 04/01/2006 and an additional 25 shares vested 07/01/2006 and on the first day of each calendar quarter since.

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.