Edgar Filing: SPAIR RONALD H - Form 4

| Form 4 | | | | | | | | | | | |
|---|---|--|---|------------------------|---|---|---------------------|--|--|----------|--|
| February 04, FORM | Л | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b). | Filed purs S. Filed purs Section 17(a | suant to S | CHAN ection 10 Public Ut | GES IN I SECUR | BENEFI ITIES e Securiti ling Com | CIAI es Ex pany | chang Act of | NERSHIP OF e Act of 1934, f 1935 or Section 0 | Number: Expires: Estimated a burden hou response | • | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Ad SPAIR RON | 2. Issuer Name and Ticker or Trading Symbol ORASURE TECHNOLOGIES INC [OSUR] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) 220 EAST FIRST STREET (Street) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2009 | | | | | X Director 10% Owner X Officer (give title Other (specify below) below) COO & CFO | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BETHLEHE | M, PA 18015 | | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) (| Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | n Date, if | Code (Instr. 8) | 4. Securiti on(A) or Dis (Instr. 3, 4 | (A) or | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/01/2009 | 02/02/20 | 009 | Code V F <u>(1)</u> | Amount 11,776 | (D) D | Price \$ 2.95 | 269,847 | 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.

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

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| 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|------------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relat | | |
|---|----------|-----------|-----------|-------|
| L O | Director | 10% Owner | Officer | Other |
| SPAIR RONALD H 220 EAST FIRST STREET | Х | | COO & CFO | |
| BETHLEHEM, PA 18015 | | | | |

Signatures

Mark L. Kuna, as Attorney-In-Fact for Ronald H. Spair (Power of Attorney previously 02/04/2009 filed)

**Signature of Reporting Person

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) Withholding of shares to pay the tax liability associated with vesting of restricted shares.

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.

Date