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PORCELAI Form 4	N MICHAEL									
June 16, 201 FORN		ED STATE		RITIES A shington,			NGE C	COMMISSION	OMB AI OMB Number:	PROVAL 3235-0287
Check th if no lon, subject to Section 1 Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed ns tinue.	EMENT C pursuant to 17(a) of the 30(h	Expires: January 3 200 Estimated average burden hours per response 0							
(Print or Type	Responses)									
(Last)	Address of Report IN MICHAEL (First) SERVICE RC	(Middle)	Symbol COMTI TELEC /DE/ [C	OMMUN MTL] f Earliest Tr Day/Year)	ICATIO		-	Director X Officer (give below)	k all applicable	e) Owner er (specify
SUITE 230 MELVILLI	(Street) E, NY 11747			ndment, Da nth/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person	One Reporting Pe	rson
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Ye	ear) Executi any		3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock Par Value \$0.10 Per Share	06/14/2011			Code V	Amount 90		Price \$ 13.19	(Instr. 3 and 4) 32,495	D	
Common Stock Par Value \$0.10 Per Share	06/14/2011			Р	2,200	A	\$ 23.91 (1)	34,695	D	

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Common								
Stock Par					\$			
Value \$0.10 Per	06/14/2011	Р	725	А	23.91 (2)	35,420	Ι	By Spouse
Share								

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)

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. Transactic Code (Instr. 8)	onNumber of		;		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secun (Instr
				Code V	(A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option Right to Buy (3)	\$ 13.19	06/14/2011		М	9	0	08/02/2005	08/02/2014	Common Stock Par Value \$.10 Per Share	90	\$
Deres											

Reporting Owners

Reporting Owner Name / Address				Relationships		
	r g			Officer	Other	
PORCELAIN MICHAEL 68 SOUTH SERVICE ROA MELVILLE, NY 11747			Sr. Vice President & CFO			
Signatures						
Michael D. Porcelain	06/16/2011					

Date

**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).

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$23.91 to \$23.92, inclusive. The reporting person undertakes to provide to Comtech Telecommunications Corp., any security holder of Comtech Telecommunications Corp., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number

(1) ^{522,52,5} inclusive: The reporting person undertakes to provide to connect refectionnumerators corp., any security notice of connect reference of c

(2) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$23.90 to \$23.91, inclusive. The reporting person undertakes to provide to Comtech Telecommunications Corp., any security holder of Comtech Telecommunications Corp., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

(3) Exercise of previously granted stock option

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.