Edgar Filing: Keller Michael Edward - Form 4

| Keller Micha | el Edward | | | | | | | | | | |
|---------------------------------------|---------------------|--|--------------------------|-----------------------|-------------|-----------|--------------------|--|-------------------------|--------------|--|
| Form 4 | | | | | | | | | | | |
| June 21, 201 | 1 | | | | | | | | | | |
| FORM | 4 | | | | | ~~~ . | | | OMB AF | PROVAL | |
| | UNITED | STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi | | | | | | | | | Expires: | January 31, | |
| if no long subject to | S I A I H I | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | NERSHIP OF | Estimated average | | |
| Section 1 | | SECURITIES | | | | | | | burden hours per | | |
| Form 4 or | | | | | | | | response | . 0.5 | | |
| Form 5 obligatior | • | | | | | | • | e Act of 1934, | | | |
| may conti | | | | • | • | · · | | 1935 or Section | ı | | |
| <i>See</i> Instru 1(b). | | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | .0 | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| | ddress of Reporting | g Person <u>*</u> | 2. Issue | r Name and | Ticker or | Tradiı | ıg | 5. Relationship of | Reporting Pers | son(s) to | |
| Keller Michael Edward Symbol CARDT | | | | | | | | Issuer | | | |
| | | | | DTRONICS INC [CATM] | | | | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of | f Earliest Tra | ansaction | | | (Check | x an appneasie |) | |
| | | | (Month/E | ay/Year) | | | | Director | | Owner | |
| 3250 BRIARPARK DRIVE, SUITE 06/20/20 | | | | 20/2011 | | | | X Officer (give below) | er (specify | | |
| 400 | | | | | | | | · · · · · · · · · · · · · · · · · · · | below) neral Counsel | | |
| | (Street) | | 4. If Ame | ndment, Da | te Origina | I | | 6. Individual or Jo | int/Group Filin | g(Check | |
| | | | d(Month/Day/Year) | | | | Applicable Line) | | | | |
| `` | | | | | | | | _X_ Form filed by One Reporting Person | | | |
| HOUSTON, | , TX 77042 | | | | | | | Form filed by M Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Dat | te 2A. Deer | med | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year |) Executio | on Date, if | Transactio | on(A) or Di | spose | d of (D) | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | Code (Instr. 3, 4 and 5) | | | 5) | Beneficially | (D) or | Beneficial | | |
| | | Day/Year) (Instr. 8) | | | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| | | | | | | | | Reported | (1115111 1) | (110411) | |
| | | | | | | (A) or | | Transaction(s) | | | |
| | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/20/2011 | | | F | 2,150 | D | \$ 20.76 | 22,962 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (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 | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | ress Relationships | | | | | | |
|---|--------------------|-----------|-----------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Keller Michael Edward 3250 BRIARPARK DRIVE SUITE 400 HOUSTON, TX 77042 | | | General Counsel | | | | |
| Signatures | | | | | | | |
| /s/ Michael E. | | | | | | | |
| Keller 06 | 6/21/2011 | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | |
| Evenlay attack of D | | | | | | | |

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.