## Edgar Filing: CSP INC /MA/ - Form 4

CSP INC /MA	/										
Form 4											
May 27, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	- UNITED	SIAIES					GE C	OMMISSION	OMB Number:	3235-0287	
Check this	box		vv asn	ington, D	<b>J.C.</b> 2054	49				January 31,	
if no longer	STATE	MENT O	F CHANG	ES IN B	ENEFIC	TAT	OWN	ERSHIP OF	Expires:	2005	
subject to Section 16.	<b>BITTE</b>			SECURI			0.011		Estimated a		
Form 4 or									burden hour response	s per 0.5	
Form 5	Filed put	rsuant to S	Section 16(	(a) of the	Securitie	s Exe	change	e Act of 1934,			
obligations may continu	Section 17	(a) of the	Public Util	ity Holdiı	ng Comp	any .	Act of	1935 or Section	ı		
See Instruct		30(h)	of the Inve	estment C	ompany	Act	of 194	0			
1(b).											
(Print or Type Rea	(nonses)										
(I find of Type Kes	sponses)										
1. Name and Add	lress of Reporting	Person *	2 Issuer N	Jame <b>and</b> T	icker or Ti	radino		5. Relationship of	Reporting Pers	on(s) to	
HALL CHRIS		-	Symbol	Issuer Name <b>and</b> Ticker or Trading				Issuer			
	•	CSP INC /MA/ [CSPI]									
(Last)	(First) (	(Middle)	3. Date of E	- Carliest Tran	saction			(Check	k all applicable	)	
		``´´	(Month/Day					_X_ Director	10%	Owner	
671 NORTHE	EAST 105TH S	ST	05/27/200	)8				Officer (give t below)	title Othe below)	r (specify	
	(Streat)		4 10 4		0.1.1			, ,	· · · · · ·	(0) 1	
	(Street)		4. If Amend Filed(Month		Original			6. Individual or Joi Applicable Line)	int/Group Filin	g(Check	
			T fied (Monut	/Day/Teal)				_X_ Form filed by O	one Reporting Per	rson	
MIAMI SHO	RES, FL 33138	8						Form filed by M Person	ore than One Re	porting	
	(54-4-)	(7:									
(City)	(State)	(Zip)	Table	I - Non-Dei	rivative Se	ecuriti	es Acqu	iired, Disposed of,	, or Beneficial	y Owned	
1.Title of	2. Transaction D			3.				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Yea	ar) Execut any	tion Date, if	Transactio Code	on(A) or D: (D)	ispose	d of	Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(Instr. 5)		•	h/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	(D) or	Ownership	
			-					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	A	or	Dein	(Instr. 3 and 4)			
COMMON					Amount		Price \$				
STOCK	05/27/2008			S	4,300	D	φ 5.85	368,650	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)	4. Transacti Code (Instr. 8)	of	mber Expiration Date Amount (Month/Day/Year) Underly vivative Securities (Instr. 3 quired o or sposed (D)		7. Title an Amount o Underlyin Securities (Instr. 3 ar	of Der ng Secu s (Ins	Price of ivative urity str. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5 (A) (I	5) D) Date Exercisable	Expiration Date	of	nount umber ares		

## **Reporting Owners**

Reporting Owner Nam	e / Address	Relationships							
F		Director	10% Owner	Officer	Other				
HALL CHRISTOPH 671 NORTHEAST 1 MIAMI SHORES, F	05TH ST	Х							
Signatures									
Christopher J									
Hall	05/2	27/2008							
<u>**</u> Signature of Reporting Person		Date							
		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.