#### SARON J ROBERT

Form 4

December 09, 2008

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

OMB Number:

3235-0287 January 31,

0.5

if no longer subject to

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Expires: 2005 Estimated average

**OMB APPROVAL** 

burden hours per

response...

D

D

\$ 0.7 447,319

Section 16. Form 4 or Form 5 obligations may continue.

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

1(b).

Common

Common

stock

stock

12/05/2008

12/05/2008

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * SARON J ROBERT			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
			BOVIE MEDICAL CORP [bvx]						(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction										
9807 ASH	LEY DRIVE		(Month/Day/Year) 12/05/2008						_X_ Director 10% Owner _X_ Officer (give title Other (specify below)  Chief Sales & Mkt Officer				
	(Street)		4. If Amendment, Date Original					6.	6. Individual or Joint/Group Filing(Check				
SEMINOI	LE, FL 33774		Filed(Month/Day/Year)					_X	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tal	ole I - Non-Do	eriv	ative Secu	rities	Acquire	ed, Disposed of, o	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	on	4. Securit (A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common stock	12/05/2008			Code F/K(2)	V	Amount 5,801	(D)	Price \$ 6.68	(Instr. 3 and 4) 331,773	D			
Common stock	12/05/2008			X/K(1)(2)		77,500	A	\$ 0.5	409,273	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $F/K_{(3)}$ 

 $X/K^{(1)(3)}$ 

42,500

### Edgar Filing: SARON J ROBERT - Form 4

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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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	on I	Derivative		ivative Expiration Date urities (Month/Day/Year) quired (A) Disposed of etr. 3, 4,		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code	V (	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock option	\$ 0.5	12/05/2008		X/K(1)			77,500	04/26/2001	04/26/2011	Common stock	77,500
Stock option	\$ 0.7	12/05/2008		X/K(1)			42,500	01/21/2003	01/21/2013	Common stock	42,500

# **Reporting Owners**

Reporting Owner Name / Address	Relationships								
reporting owner runner runners	Director	10% Owner	Officer	Other					
SARON J ROBERT 9807 ASHLEY DRIVE	X		Chief Sales & Mkt Officer						
SEMINOLE, FL 33774									

## **Signatures**

s/ J. Robert
Saron

\*\*Signature of Reporting Person

12/09/2008

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) Reporting person exercised in-the-money stock options granted pursuant to the Company's stock option plan.
- (2) 5,801 shares were withheld to cover the cost of a stock swap of 77,500 shares.
- (3) 4,454 shares were withheld to cover the cost of a stock swap of 42,500 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.

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