Edgar Filing: WECHSLER NORMAN J - Form 4

| | R NORMAN J | | | | | | | | | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------|-------------------------|--|
| Form 4 | 1 | | | | | | | | | | |
| June 14, 201 | | | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 | 6. | | | SECUR | NERSHIP OF | Expires:January 3 200Estimated average burden hours per response0 | | | | | |
| obligatior may conti <i>See</i> Instru 1(b). | inue. Section 17(a |) of the l | Public Ut | | ing Con | npany | Act of | e Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| 1. Name and A WECHSLEI | 2. Issuer Name and Ticker or Trading Symbol CPS TECHNOLOGIES CORP/DE/ | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | [CPSH.OB] | | | | | | | | | |
| | | | | Earliest Tra ay/Year) | ansaction | | | Director X 10% Owner Officer (give title Other (specify below) below) | | | |
| PO BOX 512 DRIVE | 23, 17 TIMBERL | AND | 06/10/20 |)11 | | | | below) | below) | | |
| | | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MOUNT CF BUTTE, CO | | | | | | | | Form filed by M Person | fore than One Re | eporting | |
| (City) | (State) (| Zip) | Table | e I - Non-D | erivative S | Securi | ities Acc | uired, Disposed of | , or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | tion Date, if Transaction(A) or Disposed Code (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5 (A) or | | d of 5) | 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, \$.01 par value | 06/10/2011 | | | Code V S | | (D) D | Price \$ 2.25 | | I | By CYB Master LLC | |
| Common Stock, \$.01 par value | 06/14/2011 | | | S | 5,000 | D | \$ 2.25 | 1,389,829 | I | By CYB Master LLC | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form

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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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | Code V | . , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|------------------------------------------------------------------|------------|---------------|-----------|---------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| WECHSLER NORM PO BOX 5123 17 TIMBERLAND D MOUNT CRESTED | | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ Norman J Wechsler | 06/14/2011 | | | | | | | |
| **Signature of Reporting Person | 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.