Edgar Filing: BRACKE JAMES W - Form 4

| BRACKE JA Form 4 | MES W | | | | | | | | |
|--|---|--|--|--|-----------------------|---|--|--|---|
| April 06, 200 | | | | | | | | | |
| FORM | 4 UNITED | статес | SECU | DITIES | | | E COMMISSIO | N.T. | PPROVAL |
| | UNITED | SIAILS | | shington | | | | N OMB Number: | 3235-0287 |
| Check this if no longe subject to Section 16 Form 4 or Form 5 | F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES | | | | | Estimated burden hou response | urs per | | |
| obligation may conti <i>See</i> Instru- 1(b). | $\frac{s}{nue.}$ Section 17(| a) of the l | Public U | Itility Hol | ding Co | | nge Act of 1934, of 1935 or Secti 1940 | | |
| (Print or Type R | esponses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> BRACKE JAMES W | | | 2. Issuer Name and Ticker or Trading Symbol IMAGE SENSING SYSTEMS INC | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | [isns] | | | | | | |
| (Last) (First) (Middle) 3515 LYMAN BLVD | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2009 | | | XDirector Officer (give below) | | % Owner her (specify | |
| CHASKA, N | (Street) | | | endment, D onth/Day/Yea | - | nal | 6. Individual or Applicable Line) _X_ Form filed by Form filed by | - | erson |
| CHASKA, N | /11 33318 | | | | | | Person | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-J | Derivativ | e Securities A | Acquired, Disposed | of, or Beneficia | lly Owned |
| | 2. Transaction Date Month/Day/Year) | 2A. Deema Execution any (Month/Da | Date, if | 3. Transactic Code (Instr. 8) Code V | Dispose (Instr. 3) | d (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: Repo | ort on a separate line | for each cl | ass of sec | urities bene | ficially ov | vned directly | or indirectly. | | |
| Ţ | | | | | Pers infor requ | ons who res mation con ired to resp lays a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | n are not orm | 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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount o |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|-----------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | (Mon | th/Day/Year) (| (Instr. 8 | , | Acquired (or Dispose (D) (Instr. 3, 4, and 5) | d of | | | | |
|---|------------------------------------|------------|----------------|-----------|---|--|------|-----------------------|--------------------|-----------------|------------------------------------|
| | | | (| Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Share |
| Director Option (Right to Buy) | \$ 8.19 | 04/02/2009 | | А | | 18,000 | | 04/02/2010 <u>(1)</u> | 04/02/2019 | Common stock | 18,000 |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|---|-----------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| BRACKE JAMES W 3515 LYMAN BLVD CHASKA, MN 55318 | Х | | | |
| Signatures | | | | |
| James W. | 4/03/2009 | | | |

| Bracke | 0 11 0 01 200 9 |
|------------------|-----------------|
| **Signature of | Date |
| 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).

(1) Vests as to annual cumulative installments of 33-1/3% beginning this date.

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.