## Edgar Filing: TUCKER ERNEST - Form 4

| TUCKER ER  | NEST            |               |  |  |                    |   |                |   |                                       |                         |  |  |
|--|-----------------|---------------|--|--|--------------------|---|----------------|---|---------------------------------------|-------------------------|--|--|
| Form 4   |                 |               |  |  |                    |   |                |   |                                       |                         |  |  |
| May 13, 2009   | )               |               |  |  |                    |   |                |   |                                       |                         |  |  |
| FORM   | Δ               |               |  |  |                    |   |                |   |                                       | PPROVAL                 |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |                 |               |  |  |                    |   | OMB<br>Number: | 3235-0287   |                                       |                         |  |  |
| Check this   |                 |               |  |  |                    |   | Expires:       | January 31,   |                                       |                         |  |  |
| if no longer<br>subject to STATEMENT OF CHA  |                 |               |  | NGES IN BENEFICIAL OW                            |                    |   |                | <b>NERSHIP OF</b>   |                                       | 2005                    |  |  |
| Section 16   | <b>5</b> .      | SECURITIES    |  |  |                    |   |                |   | Estimated average<br>burden hours per |                         |  |  |
| Form 4 or  |                 |               |  |  |                    |   |                |   | response                              |                         |  |  |
| Form 5   | Filed           | pursuant to   | Section 10                               | 6(a) of th                                       | he Securit         | ies Ez  | kchang         | ge Act of 1934,   |                                       |                         |  |  |
| obligation<br>may conti  |                 | 17(a) of the  | Public Ut                                | ility Ho   | lding Con          | ipany   | Act o          | of 1935 or Section  | on                                    |                         |  |  |
| See Instru<br>1(b).  |                 | 30(h)         | ) of the In                              | vestmen  | t Compar           | y Act   | of 19          | 40  |                                       |                         |  |  |
| 1(0).  |                 |               |  |  |                    |   |                |   |                                       |                         |  |  |
| (Print or Type R   | esponses)       |               |  |  |                    |   |                |   |                                       |                         |  |  |
| 1 Name and A   | dress of Peport | ing Derson *  | 2.1                                      | N  | 107.1              |   |                | 5 Palationship o  | f Deporting Der                       | son(s) to               |  |  |
| 1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Transformed Transform |                 |               |  | Tradin   | g                  | 5. Relationship of Reporting Person(s) to<br>Issuer |                |   |                                       |                         |  |  |
| I COMERCEI   | •               | Symbol        |  |  |                    |   |                |   |                                       |                         |  |  |
|  |                 |               |  | ABAXIS INC [ABAX]                                |                    |   |                |   | (Check all applicable)                |                         |  |  |
|  |                 |               |  | . Date of Earliest Transaction                   |                    |   |                |   |                                       |                         |  |  |
|  |                 |               |  | Month/Day/Year)                                  |                    |   |                | X_ Director 10% Owner<br>Officer (give title Other (specify |                                       |                         |  |  |
|  |                 |               | 05/11/20                                 | 05/11/2009                                       |                    |   |                | below) below)   |                                       |                         |  |  |
| ROAD   |                 |               |  |  |                    |   |                |   |                                       |                         |  |  |
| (Street) 4   |                 |               |  | 4. If Amendment, Date Original                   |                    |   |                | 6. Individual or Joint/Group Filing(Check                   |                                       |                         |  |  |
| F  |                 |               |  | th/Day/Yea                                       | ar)                |   |                | Applicable Line)<br>_X_ Form filed by One Reporting Person  |                                       |                         |  |  |
| UNION CIT  | V CA 04597      | ,             |  |  |                    |   |                |   | More than One Re                      |                         |  |  |
| UNION CIT  | Y, CA 94587     |               |  |  |                    |   |                | Person  |                                       |                         |  |  |
| (City)   | (State)         | (Zip)         | Table                                    | e I - Non-                                       | Derivative         | Securi  | ties Ac        | quired, Disposed o  | f, or Beneficial                      | lly Owned               |  |  |
| 1.Title of   | 2. Transaction  | Date 2A. Dee  | eemed 3. 4. Securities                   |  |                    |   | 5. Amount of   | 6. Ownership  | 7. Nature of                          |                         |  |  |
| Security   | (Month/Day/Y    |               | tion Date, if TransactionAcquired (A) of |  |                    |   |                | Form: Direct  | Indirect                              |                         |  |  |
| (Instr. 3)   |                 | any<br>(Month | /Day/Year)                               | CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |                    |   |                | •   | (D) or<br>Indirect (I)                | Beneficial<br>Ownership |  |  |
|  |                 | (month        | (Insu. 8)                                |  | (Insu: 5, 4 and 5) |   |                | Following   | (Instr. 4)                            | (Instr. 4)              |  |  |
|  |                 |               |  |  |                    | (A)   |                | Reported  |                                       |                         |  |  |
|  |                 |               |  |  |                    | or  |                | Transaction(s)  |                                       |                         |  |  |
|  |                 |               |  | Code   | V Amount           |   | Price          | (Instr. 3 and 4)  |                                       |                         |  |  |
| Common<br>Stock  | 05/11/2009      |               |  | S  | 1,500              | D   | \$ 17          | 0   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Title<br>Amour<br>Underl<br>Securit<br>(Instr. 1 | nt of<br>lying                         | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
|   |   |   |   | Code V                                 |   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Addr  | ess        | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| TUCKER ERNEST<br>C/O ABAXIS INC<br>3240 WHIPPLE ROAD<br>UNION CITY, CA 94587 | х          |               |         |       |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| /s/ Ernest<br>Tucker   | 05/13/2009 |               |         |       |  |  |  |  |
| <u>**</u> Signature of<br>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.