Edgar Filing: ID SYSTEMS INC - Form 4

ID SYSTEM Form 4 June 13, 200										
FORM	4 UNITED STAT					NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Washington, D.C. 2054Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFIC SECURITIESForm 4 or Form 5 obligations may continue.Statement of the securities See Instruction 1(b).See Instruction 1(b).Statement of the securities 30(h) of the Investment Company A Securities							FICIAL OWNERSHIP OF FICIAL OWNERSHIP OF ities Exchange Act of 1934, mpany Act of 1935 or Section			
(Print or Type F	Responses)									
1. Name and Address of Reporting Person * 2. Issuer EHRMAN MICHAEL L Symbol ID SYS'				Ticker or		ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	3. Date of I	3. Date of Earliest Transaction (Chec				all applicable)			
(Month/D C/O I.D. SYSTEMS, INC., ONE 06/09/20 UNIVERSITY PLAZA			/Day/Year) 2012				Director 10% Owner X Officer (give title Other (specify below) EVP - Engineering			
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
HACKENSACK, NJ 07601								fore than One Reporting		
(City)	(State) (Zip)	Table	I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. E (Month/Day/Year) Exect any (Mon	tion Date, if th/Day/Year)	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D) 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, par value \$.01 per share	06/09/2007		F	Amount 1,623 (1)	(D) D	Price \$ 14.15	483,127 <u>(2)</u>	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.

Edgar Filing: ID SYSTEMS INC - Form 4

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
EHRMAN MICHAEL L C/O I.D. SYSTEMS, INC. ONE UNIVERSITY PLAZA HACKENSACK, NJ 07601			EVP - Engineering				
Signatures							

/s/ Michael Ehrman 06/13/2007 <u>**Signature of</u> 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) These shares were withheld by the issuer, pursuant to the terms of the I.D. Systems, Inc. 1999 Stock Option Plan, as amended and restated effective April 20, 2005, to satisfy tax withholding obligations.
- (2) Includes 331,425 shares of common stock issuable upon exercise of options that are exercisable within 60 days of the date hereof. Does not include 56,200 shares of common stock issuable upon exercise of options that are not exercisable within 60 days of the date hereof.

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.