FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)										
1. Name and Address of Reporti	_		equiring	3. Issuer Name and Ticker or Trading Symbol						
Person * Tortorella Ronald		Statement (Month/Day/Year)		REPRO MED SYSTEMS INC [repr]						
	fiddle) 02/2	28/2009		4. Relationship of Person(s) to Issuer				5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) WEST HURLEY, NY 12491				(Check all ap		10% Owner Other (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person neficially Owned		
(City) (State)	(Zip)	Tah	on-Derivative Securities Ben							
1.Title of Security (Instr. 4)			eficially (Securities Owned	Forr (D) Indi	nership m: Direct or rect (I) tr. 5)	Own	ership	ect Beneficial	
not requir number.	who respond red to respo	I to the colle nd unless th	ction of e form o	information lisplays a c	n cor urrer	ntained i	n this	s form are B control	SEC 1473 (7-02)	
1. Title of Derivative Security (Instr. 4)	i e	Exercisable and ion Date ay/Year)		3. Title and Amount or Securities Underlying Derivative Security (Instr. 4)		f 4. Convers or Exerc Price of		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Derivative Security		Security: Direct (D) or Indirect (I) (Instr. 5)		
Option	06/06/2007	06/06/2012	Option	500,000		\$ 0.06		D		
Option	06/06/2008	06/06/2012	Option	250,000		\$ 0.06		D		
Option	06/06/2009	06/06/2012	Option	500,000 (1)	\$ 0.06		D		
Donouting Owner	M.C.									

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Tortorella Ronald							
50 RYAN DR.			Cief Operating Officer				
WEST HURLEY, NY 12491							

Signatures

Corinne Corbett	07/14/2009
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) 250,000 shares as of 6/6/2009 and 250,000 after 6/6/2010.

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.