

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

### 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 Reporting Person <sup>*</sup> – Pastreich Mark	Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol REPRO MED SYSTEMS INC [repr]				
(Last) (First) (Middle) ONE CIVIC CENTER PLAZA, SUITE 500	02/18/2011	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)	
<sup>(Street)</sup> POUGHKEEPSIE, NY 12601		X_ Director Officer (giv title below)		specify	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reportin Person	
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned					
(Instr. 4) Ber		2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock	35,000	35,000				
Common Stock	70,000	70,000				

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security	2. Date Exer	rcisable	3. Tit	le and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	and Expirati	ion Date Securities Underlying		Conversion	Ownership	Beneficial Ownership	
	(Month/Day/Ye	Day/Year) Derivative Security		or Exercise	Form of	(Instr. 5)	
		(Instr. 4)		Price of	Derivative		
	Date	Expiration			Derivative	Security:	
	Exercisable	1			Security	Direct (D)	
	Excicisable	Date	Title	Amount or Number of Shares		or Indirect	
				of Shares		(I)	
						(Instr. 5)	
						(	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Pastreich Mark ONE CIVIC CENTER PLAZA SUITE 500 POUGHKEEPSIE, NY 12601	Х				

### Signatures

Karen Cone	05/25/2011
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).

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.