

(Print or Type Responses)

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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

OMB APPROVAL

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

2. Date of Event Requiring 3. Issuer Name **and** Ticker or Trading Symbol

Person – Sealfon Brad Alexander		(Month/Day/Year)		KEFKO W	REPRO MED SYSTEMS INC [REPR]					
(Last) (First) (Midd	11/29	11/29/2013		Person(s) to 1	× /			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) CHESTER, NY 10918				_X_ Director	Officer (give Other (speci		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person			
(City) (State) (Zi	p)	Tal	ole I -	- Non-Derivat	ve Securitie	s Ben	eficially	Owned		
1.Title of Security (Instr. 4)		Ben		t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Owner	ship	direct Beneficial		
Repro Med Systems, Inc.		15.	000		D					
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Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sealfon Brad Alexander						
24 CARPENTER ROAD	X					
CHESTER, NY 10918						

Signatures

Brad Sealfon	05/21/2014
**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.