

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2004-03-05** | Period of Report: **2004-03-03**  
SEC Accession No. **0000019446-04-000017**

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### REPORTING OWNER

#### **VELLA WILLIAM J**

CIK: **1248298**

Type: **4** | Act: **34** | File No.: **001-31337** | Film No.: **04652820**

Mailing Address  
*CARSEN GROUP  
151 TESON RD  
MARKHAM ONTARIO CANADA  
A6 10021*

### ISSUER

#### **CANTEL MEDICAL CORP**

CIK: **19446** | IRS No.: **221760285** | State of Incorp.: **DE** | Fiscal Year End: **0731**  
SIC: **3841** Surgical & medical instruments & apparatus

Mailing Address  
*OVERLOOK AT GREAT  
NOTCH  
150 CLOVE ROAD  
LITTLE FALLS NJ 07424*

Business Address  
*OVERLOOK AT GREAT  
NOTCH  
150 CLOVE ROAD  
LITTLE FALLS NJ 07424  
9734708700*

**FORM 4**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**OMB APPROVAL**

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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <b>VELLA WILLIAM J</b>			2. Issuer Name and Ticker or Trading Symbol <b>CANTEL MEDICAL CORP [CMN]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Officer of Subsidiary</b>		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <b>03/03/2004</b>			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person		
THE CARSEN GROUP, 151 TESON ROAD			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) <b>ONTARIO CANADA, A6 L3R 1E7</b>								
(City)	(State)	(Zip)						

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/03/2004		M		18,750	A	\$3.5	51,645	D	
Common Stock	03/03/2004		E		3,567	D	\$18.4	48,078	D	

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option (Right to Buy)	\$3.5	03/03/2004		M		18,750		03/03/2004	02/24/2005	Common Stock	18,750	\$ 0	0	D	

**Signatures**William Vella

\*\* Signature of Reporting Person

03/05/2004

Date

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

\* 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.

**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 Number.**