FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:							
Estimated average b	stimated average burden						
hours per response:	0.5						

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

Name and Address of Reporting Person*     Carter William Scott			. Date of Event Requiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol TRANSACT TECHNOLOGIES INC [ TACT ]							
(Last) (First) (Middle) 7 LASER LANE			33/32/233		Relationship of Reporting Person (Check all applicable)     Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) WALLINGFORD CT 06492		5492			X	Officer (give title below)  SVP Mktg & Strateg	Other (spe below) Planning	cify	Appli	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Pers     Form filed by More than One     Reporting Person		
(City) (:	State) (Zip	)										
		Т	able I - Nor	-Derivat	ive Se	ecurities Beneficially	y Owned					
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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Common Stock <sup>(1)</sup>	1)							.1)				
Common Stock <sup>(1)</sup>	1)	(e.ç					(Instr. 5) D  Dwned					
	ve Security (Instr. 4)			ls, warra cisable and ate	nts, o	3,000 urities Beneficially (	Owned securities		rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

## Explanation of Responses:

1. Shares of restricted stock granted under the Issuer's 1996 Stock Plan, vesting 100% on the third anniversary of the date of grant.

<u>Wm. Scott Carter</u> <u>08/18/2004</u>

Date

\*\* Signature of Reporting Person

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

- \* If the form is filed by more than one reporting person, see Instruction 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.

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.