Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHA

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated 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* Chernay Tracey S | | | | | | 2. Issuer Name and Ticker or Trading Symbol TRANSACT TECHNOLOGIES INC [TACT | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|---|----|--|---|--|---|--|-----|--------------------|---|-------|--|---|---|--------------|---|--|--|
| ———— | | | | | |] | | | | | | | | | | r (give title | | 10% Ov Other (s | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | below) | P, Sales | 2. Μ≤ | below) | | |
| 6700 PARADISE ROAD, SUITE D | | | | | | 03/07/2011 | | | | | | | | | L | i, baics | CC IVIC | irketing | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| LAS VEGAS NV | | V | 89119 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | ity) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Exec r) if any | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Di Code (Instr. 5) | | | curities Acquired (A) osed Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| 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 Da if any (Month/Day/ | Co | ansacti ode (Ins | on of Str. Der Sec Acc (A) Dis of (| 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 Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | s Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | (A) | | | Date Exercisabl | | Expiration Date | Title | | Amount or Number of Shares | | | | | | |
| Stock | \$9.89 | 03/07/2011 | | A | Α . | 10,0 | \dashv | • | 03/07/2012 | (1) | 03/07/2021 | Com | mon | 10,000 | \$9.89 | 10,000 |) | D | | |

Explanation of Responses:

1. Grant of non-qualified stock option under the Company's 2005 Equity Incentive Plan. The option becomes exercisable 25% per year on each anniversary of the date of grant.

Steven A. DeMartino, Attorney-in-Fact 03/09/2011

** Signature of Reporting Person 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.