FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response...

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

STATEMENT OF CHANGES IN 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 Ty	ype Respoi	nses)														
AULT MILTON C III Syn				Symbol	2. Issuer Name and Ticker or Trading Symbol DIGICORP [DGCO.OB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X DirectorX 10% Owner						
(Last) (First) (Middle) 100 WILSHIRE BLVD, 15TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 09/09/2005					1	X DirectorX 10% OwnerX Officer (give title Other (specify below) Chief Executive Officer				below)		
SANTA		A, CA 90401		4. If Amenda Filed(Month/E		te Or	riginal		1	6. Individual or Applicable Line) _X_ Form filed by 0 Form filed by 1	One Rep	orting Pers	on	1		
(City)	(State) (Zip))	Table I -	Non-De	rivat	tive Secur	ities .	Acqui	red, Disposed						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Exec	Deemed ution Date, if nth/Day/Year)	Transaction A Code D		Acquired Disposed	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (direct ficial ership		
					Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indir (I) (Instr. 4	(:. 4)			
Common	n Stock	09/09/2005			P(1)		130,000	A	\$ 0.6	3,254,527		I	See Foot	enote		
Common	Stock	09/09/2005			P ⁽¹⁾		50,000	A	\$ 0.6	3,304,527		I	See Foot	note		
Reminder: directly or	~	a separate line for e	ach cl	ass of securition	es benefi	cially	owned									
						ini re	formation quired to	n col res	ntaine pond	nd to the colle ed in this form unless the fo control numb	n are i orm di	not		C 1474 (9-02)		
				ative Securitio	-		-			eficially Owned	i					
1. Title of Derivative Security (Instr. 3)		se (Month/Day/Ye	Ex ar) an	A. Deemed Execution Date, any Month/Day/Yea	Code	;	5. Number of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		nd Exp	Exercisable biration Date /Day/Year)	Secur	ınt of rlying		f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficial Ownersh (Instr. 4)
					Cod		7 (A) (Date Exercisa	Expiration able Date	Title	Amount or Number of				

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
AULT MILTON C III 100 WILSHIRE BLVD 15TH FLOOR SANTA MONICA, CA 90401	X	X	Chief Executive Officer				

Signatures

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Signature of Reporting Person	Date
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) On September 9, 2005, one private investment fund and one individual account managed by Ault Glazer & Company Investment Management LLC purchased the subject shares of common stock in two private transactions.
 - Represents securities held by certain private investment funds and individual accounts managed by Ault Glazer & Company Investment
- (2) Management LLC, for which the reporting person serves as Chief Investment Officer and managing member. These securities include 2,792,027 shares of the Issuer's common stock held by Patient Safety Technologies, Inc., for which the reporting person serves as Chairman and Chief Executive Officer.
- (3) The reporting person disclaims beneficial ownership of these securities.

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.