FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB 3235Number: 0287
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Amount

Title Number

of

Shares

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	pe Respons	es)														
1. Name and Address of Reporting Person *-AULT MILTON C III				2. Issuer Name and Ticker or Trading Symbol DIGICORP [DGCO.OB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner						
100 WILSHIRE BLVD, SUITE 1750				3. Date of Earliest Transaction (Month/Day/Year) 10/11/2005						Officer (give title Other (specify below)				pelow)		
(Street) SANTA MONICA, CA 90401				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)		Table I - I	Non-Dei	rivat	ive Secui	ities .	Acqui	red, Disposed	of, or I	Beneficia	lly Owne	d		
1.Title of S (Instr. 3)	I	Date Exec (Month/Day/Year) any		Deemed 3. rution Date, if Transact Code nth/Day/Year) (Instr. 8)			Disposed of (I (Instr. 3, 4 and (A) or		D)	5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4)	orted	Form: Direct (hip of Ind Benef Owne ect (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock	10/11/2005			Р		16,000		\$ 0.9	3,352,027		I	See Foots (1)	note		
Common	Stock	10/11/2005			P		1,000	A	\$ 0.9	3,353,027		I	See Foot:	note		
Common	Stock	10/11/2005			P		3,000	A	\$ 0.9	3,356,027		I	See Foot:	note		
Reminder:		separate line for ea	nch cla	ass of securities	s benefic	, <i>*</i>						-4	SEC	1474		
						inf red	ormatio quired to	n cor res	ntaine pond	d to the colle d in this form unless the fo control numb	n are r rm dis	not	((9-02)		
					-		-			eficially Owned	ì					
1 771 0	l.	1	7.	uts, calls, war		puo	T .				g . g::1	. 1	0.70.		1.0	
	2. Conversion or Exercise Price of Derivative Security		Exe r) any	. Deemed ecution Date, in / onth/Day/Year	Code		5. Number of Derival Securit Acquir (A) or Dispos of (D) (Instr.	er a (I	nd Exp	Exercisable biration Date //Day/Year)	7. Title Amou Under Securi (Instr. 4)	int of lying		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. Natur of Indired Beneficia Ownersh (Instr. 4)

4, and 5)

V (A)

Date

Exercisable Date

Expiration

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
AULT MILTON C III 100 WILSHIRE BLVD SUITE 1750 SANTA MONICA, CA 90401		X					

Signatures

Milton Ault	10/12/2005
**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).

 Represents securities held by certain private investment funds and individual accounts managed by Ault Glazer Bodnar & Company Investment Management LLC, for which the reporting person serves as Chief Investment Officer and managing member. These securities
- (1) 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. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.