FORM 4

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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

ſ	OMB APPROVAL							
	OMB	3235-						
Number: 028								
	Estimated average							
	burden hours per							
	response	0.5						

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

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 Respons	es)													<u>.</u>		
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) Director Officer (give title below) Check all applicable) Other (specify below)								
100 WILSHIRE BLVD. SUITE 1750				3. Date of Earliest Transaction (Month/Day/Year) 10/31/2005									below)				
(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				1			
(City)	(St	ate) (Zip)		Table I - N	lon-Der	ivati	ve Secu	rities	Acqui	ired,	Disposed	of, or l	Benefici	ally Owne	d		
1.Title of Security (Instr. 3)			any	ion Date, if	Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially O			Form: Direct		direct ficial ership		
					Code	v	Amoun	or or (D)		(Ins	ensaction(s) str. 3 and 4))	or Indi (I) (Instr.	`	:. 4)		
Common	n Stock	10/31/2005			P		1,000	A	\$ 0.94	3,3	376,527		I	See Foot	inote		
Common Stock		11/01/2005	i		P		500	A	\$ 0.94	3,377,027		Ι	See Foot	enote			
Reminder: directly or		separate line for ea	ch class	of securities	benefic	ially	owned										
						info rec	ormatio	on co	ontaine spond	ed in unle	o the colle n this form ess the fo ntrol numb	are r	not		C 1474 (9-02)		
		Table II - D			-	-	•				•	l					
1. Title of	2	3. Transaction		s, calls, war Deemed	rants, o _l	ptioi	1s, conv					7. Titl	e and	8 Price o	f 9. Number of	10.	11. Natur
	Conversion or Exercise Price of Derivative Security	Date	Execu any	ntion Date, if	Transa Code		Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and	er ative aties red sed 3,	6. Date Exer and Expirati (Month/Day		piration Date Amou Under Securi		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	
					Code	· V	(A)		Date Exercis	sable	Expiration Date	Title I	Amount or Number of Shares				

Reporting Owners

Donation Common 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

/s/ Milton Ault	11/01/2005
**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 and 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.