FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287

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

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

(Print or Ty	pe Respons	ses)																
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)									
(Last) (First) (Middle) 100 WILSHIRE BLVD.,, SUITE 1750			750	3. Date of Earliest Transaction (Month/Day/Year) 11/02/2005					Director Z 10% Owner Officer (give title Other (specify 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								
(City)	(St	ate) (Zip)		Table I - N	lon-Dei	rivati	ive Secu	rities	Acqui	ired,	Disposed	of, or l	Beneficia	ally Own	ed			
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Exectany	ution Date, if	3. Transac Code (Instr. 8	Disposed of (D		(D) nd 5)	5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4		orted	Form: Direct (or India (I)	ship of In Ben (D) Own rect (Ins	ature ndirect eficial nership tr. 4)				
Common	Stock	11/02/2005			P Code	V	5,000	t (D	1.		82,027		(Instr. 4	See	tnote.			
Reminder: directly or		separate line for ear	ch cla	ss of securities	benefic	Pe infe	rsons v ormatic	on co	ntaine spond	ed in unle	the colle this form ess the fo trol numb	n are r rm dis	ot		C 1474 (9-02)			
				tive Securities	-	-	•	- 1			•	i						
1. Title of	12	3. Transaction	<u> </u>	uts, calls, war . Deemed	rants, o	ption	ns, conv					7 Titl	e and	8 Price	of 0 Nu	umber of	10.	11. Natur
	Conversion or Exercise Price of Derivative Security	Date	Exe any	ecution Date, if	Code		Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and	er ative ties red sed	and Ex	Oate Exercisable Expiration Date onth/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	Deriv Secur Bene Own Follo Repo Trans	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	
					Code	e V	(A)		Date Exercis	sable	Expiration Date	Title I	Amount or Number of Shares					

Reporting Owners

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

Signatures

/s/ Milton Ault	11/02/2005
**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.