## FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
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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	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) DirectorX10% Owner						
(Last) (First) (Middle) 100 WILSHIRE BLVD. SUITE 1750				3. Date of Earliest Transaction (Month/Day/Year) 11/03/2005					<u>b</u>	Director X 10% Owner Officer (give title Other (specify below)				pelow)		
SANTA	•	reet) , CA 90401		4. If Amendm Filed(Month/Da		e Ori	ginal		Α	o. Individual or applicable Line) X_ Form filed by ( Form filed by !	One Rep	orting Pers	on			
(City)	(S	tate) (Zip)		Table I - N	Non-Der	ivati	ive Secu	rities	Acquir	ed, Disposed	of, or	Beneficia	ally Owned	i		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu any	Deemed ution Date, if nth/Day/Year)	Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5		or (D) (d 5)	5. Amount of Securities Beneficially O Following Rep Transaction(s)	orted	Form: Direct ( or Indir		irect icial rship		
					Code	v	Amount	or (D)	Price	(Instr. 3 and 4)	,	(I) (Instr. 4	4)			
Common	Stock	11/03/2005			P		5,000	A	\$ 0.90	3,397,027		I	See footn (1)	ote		
Reminder: directly or		separate line for ea	ich cla	ss of securities	s benefic	ially	owned									
						info rec	ormatio	n co o res	ntaine spond u	d to the colle d in this form unless the fo control numb	n are i rm di	not	(	1474 9-02)		
				tive Securities	_		-			ficially Owned	i					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Exe r) any	. Deemed ecution Date, is	4. Transa Code	actio	5. Numbo of Deriva Securin Acquir (A) or Dispos of (D) (Instr. 4, and	er tive ties red sed 3,	6. Date land Exp	Exercisable iration Date Day/Year)	Amou Unde Secur	rlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	· V	(A) (	]	Date Exercisa	Expiration ble Date	Title	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. SUITE 1750 SANTA MONICA, CA 90401		X					

## **Signatures**

/s/ Milton Ault	11/04/2005
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.