### FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
Estimated average
burden hours per

11. Nature of Indirect Beneficial

Ownership

(Instr. 4)

Security: Direct (D)

or Indirect

(Instr. 4)

Owned

Following

Reported

(Instr. 4)

Transaction(s) (I)

response...

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

(Print or Type Responses)

## 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

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) DirectorX 10% Owner					
100 WILSHIRE BLVD. SUITE 1750			3. Date of Earliest Transaction (Month/Day/Year) 11/07/2005						Officer (give title Other (specify below)				below)	
SANTA MONIO		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
(City)	))	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any			tion	4. Securities Acquired			1 5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D)	7. Na of Ind Benef O) Own	ture lirect ficial ership		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		or Indire (I) (Instr. 4)	Ì	. 4)	
Common Stock	11/07/2005			Р		2,000	A	\$ 0.8416	3,399,027		I	See footi	note	
Common Stock	11/07/2005			P		5,000	A	\$ 0.8416	3,404,027		I	See foots	note	
Common Stock	11/07/2005			P		10,000	A	\$ 0.8416	3,414,027		I	See footi	note	
Common Stock	11/07/2005			P		2,000	A	\$ 0.8416	3,416,027		I	See footi	note	
Reminder: Report of directly or indirectly	on a separate line for y.	each class	of securit	ies benef	iciall	y owned								
					in re	formati equired	on co to re	ontaine spond	d to the colle- d in this form unless the for control numb	are n	ot		(9-02)	
			ve Securit	-		•			eficially Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversor Exercises or Exercises of	3. Transaction Date (Month/Day/Ye	3A. I Exec	Deemed ution Date	, if Tran	isacti e	5. Numb of Deriv	oer	6. Date and Exp	Exercisable biration Date //Day/Year)	7. Title Amou Under Securi	nt of I		9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative

Securities

Acquired

Disposed

(Instr. 3, 4, and 5)

Date

Exercisable Date

(A) or

of (D)

(Instr. 3 and

Amount

Number

Shares

4)

Title

Expiration

### **Reporting Owners**

Derivative

Security

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

#### **Signatures**

/s/ Milton Ault	11/08/2005
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.