FORM 4

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

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

Transaction(s) (I)

(Instr. 4)

Amount

Number

Shares

(Instr. 4)

response...

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 1)	pe Respo	onses)														
1. Name at AULT M		ss of Reporting Pers C III	son *	2. Issuer N Symbol DIGICOR				ading		5. Relationship of ssuer (Ch	eck all ap	Ū	e)			
100 WIL		(First) (Midd BLVD, SUITE 1		3. Date of E (Month/Day 12/01/200	/Year)	ransac	ction		<u>t</u>	Officer (give pelow)			er (specify b	elow)		
SANTA		(Street) A, CA 90401		4. If Amend Filed(Month/l		ate Oi	riginal		A	6. Individual or Applicable Line) .X_ Form filed by C Form filed by M	One Reporti	ng Persoi	n			
(City)		(State) (Zip)	Table I -	Non-D	eriva	tive Secu	ırities	s Acquii	ed, Disposed o	of, or Ber	neficial	ly Owned	I		
1.Title of S (Instr. 3)	Security	2. Transaction Date (Month/Day/Year)	Execu any	Deemed ation Date, if th/Day/Year)	Code	tion	4. Secur (A) or D (D) (Instr. 3.	4 and		5. Amount of Securities Beneficially C Following Re Transaction(s) (Instr. 3 and 4	Owned For ported D	orm: orm: oirect (E r Indire	7. Nation of Individual Benefit Owner (Instr.	irect icial rship		
					Code	v	Amount	or (D)	Price	(Insur 5 und)	/	(nstr. 4))			
Common	Stock	12/01/2005			P		3,500	A	\$ 1.5214	3,634,027	I		See Footr	note		
Common	Stock	12/02/2005			P		3,000	A	\$ 1.5667	, 3,637,027	I		See Footr (1)	note		
Reminder: directly or		a separate line for	each cl	ass of securiti	ies benef	ficially	owned									
						in re	formati quired	on co to re	ontaine spond (d to the colled in this form unless the for control numb	are not rm displ	t	,	1474 9-02)		
				ative Securiti outs, calls, wa						ficially Owned	l					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Ye	3A Ex ear) an	A. Deemed accution Date,	if Tran	nsactio	5. Numl of Deriv Secur Acqu	er ative rities ired	6. Date and Exp	Exercisable iration Date (Day/Year)	7. Title a Amount Underlyi Securitie (Instr. 3 4)	of Ing S	Derivative Security Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Disposed

of (D)

(Instr. 3, 4, and 5)

Date

Exercisable Date

Expiration

Title

Reporting Owners

Donouting Own on Name / Adduses		Relationsh	ips	
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	12/05/2005
**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 Issue'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.