# Check this box if no

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response...

(Instr. 4)

Amount

Number

Shares

(Instr. 4)

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Ty	pe Respon	ses)													
1. Name ar AULT M		of Reporting Perso	2. Issuer Na Symbol DIGICORF				ing		5. Relationship (Issuer (Ch	eck all	orting Per applicable X 109	e)			
100 WIL FLOOR		irst) (Middle) LVD, 15TH	3. Date of Ear (Month/Day/ 12/12/2005	Year)	nsacti	ion			Officer (give below)			er (specify b	elow)		
SANTA	Ì	treet) A, CA 90401	4. If Amendn Filed(Month/Da		e Ori	ginal			6. Individual or Applicable Line) _X_ Form filed by O Form filed by M	One Repor	rting Persor	1			
(City)	(S	tate) (Zip)	Table I - 1	Non-Der	ivati	ve Secur	ities A	Acqui	red, Disposed	of, or B	eneficial	ly Owned	l		
1.Title of S (Instr. 3)	Ť	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code		4. Secur Acquired Disposed (Instr. 3,	d (A) d of (I , 4 and (A) or	D)	5. Amount of Securities Beneficially Or Following Rep Transaction(s) (Instr. 3 and 4)	wned oorted	6. Ownersh Form: Direct (D or Indirect (I) (Instr. 4)	ct (Instr.	irect icial rship		
Common	Stock	12/12/2005		Р		500	A	\$ 1.6	3,637,527		I	See Footr (1)	note		
Common	Stock	12/13/2005		P		1,000	A	\$ 1.55	3,638,527		I	See Footr (1)	note		
Reminder: directly or		a separate line for ea	ch class of securitie	s benefic	, ,										
					info req	ormatio Juired to	n cor res	ntaine pond	nd to the colle ed in this form unless the fo control numb	are no	ot		1474 9-02)		
			erivative Securitie							l					
1. Title of Derivative Security (Instr. 3)	Conversio	e (Month/Day/Year	3A. Deemed Execution Date, i ony (Month/Day/Yea	Code		5. Number of Derivat Securit Acquire (A) or Dispos	er an (I	nd Exp	Exercisable piration Date (/Day/Year)	7. Title Amour Underl Securit (Instr. 4)	nt of Slying Sties (		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

of (D)

(Instr. 3, 4, and 5)

Date

Exercisable Date

Expiration

Title

## **Reporting Owners**

Donouting Own or Nome / Address	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
AULT MILTON C III 100 WILSHIRE BLVD		X						
15TH FLOOR SANTA MONICA, CA 90401								

#### **Signatures**

/s/ Milton Ault 12/14/2003
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 Menagement LLC, for which the reporting person certains of Chief Investment Officer and managing member. These securities
- 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.