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

OMB APPROVAL OMB 3235-Number: 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...

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 Type Respo	nses)											
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) Director X 10% Owner			
(Last) (First) (Middle) 100 WILSHIRE BLVD, SUITE 1750			3. Date of Earliest Transaction (Month/Day/Year) 01/03/2006						Officer (give title below)		specify below)	
SANTA MONIC	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(State) (Zip)		Table I -	Non-De	riva	tive Secu	rities	Acqui	red, Disposed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	Deemed Deemed Detention Date, if htth/Day/Year)	3. Transact Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5) (A) or		D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	01/03/2006			P		34,200	A	\$ 1.929	3,728,227	I	See footnote (1). (1)	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.												
								SEC 1474 (9-02)				
	Table II - I	Deriva		s Acqui		-	l of,	or Ben	eficially Owned			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	Transaction	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Following	Direct (D)	
					(A) o	r						Reported	or Indirect	
					Dispo	osed						Transaction(s)	(I)	
					of (D)						(Instr. 4)	(Instr. 4)	
					(Instr	. 3,								
					4, and	15)								
										Amount				
							Date	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Donouting Own on Nome / Adduses	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, III	01/03/2006
**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.