Kolb Nancy A Form 3 September 22, 2010

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement UROPLASTY INC [UPI] Kolb Nancy A (Month/Day/Year) 09/14/2010 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 5420 FELTL RD (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) 10% Owner Director _X_ Form filed by One Reporting _X__ Officer _ Other Person MINNETONKA, MNÂ 55343 (give title below) (specify below) Form filed by More than One VP Global Marketing Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 4. Nature of Indirect Beneficial 1. Title of Security Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) D Â common stock $12,100^{(1)}$ Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisals Expiration Date (Month/Day/Year) | ration Date | | 3. Title and Amount of Securities Underlying Derivative Security | | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership | |
|--------------------------------------------|-----------------------------------------------------------|--------------------|------------|------------------------------------------------------------------------|------------|----------------------------|--------------------------------------------------|--|
| | | | (Instr. 4) | | Price of | Derivative | (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of | Derivative | Security: | | |
| | | | | | Security | Direct (D) | | |
| | | | | | | or Indirect | | |

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| | | | | Shares | | (I) (Instr. 5) | |
|-----------------------------|---------------|------------|-----------------|--------|---------|-------------------|---|
| non-qualified stock options | (2) | 05/17/2012 | common stock | 25,000 | \$ 4.16 | D | Â |
| non-qualified stock options | (2) | 09/30/2012 | common stock | 25,000 | \$ 4.11 | D | Â |
| non-qualified stock options | (2) | 06/23/2013 | common stock | 25,000 | \$ 3.15 | D | Â |
| non-qualified stock options | 06/05/2009(3) | 06/04/2014 | common stock | 40,000 | \$ 0.85 | D | Â |
| non-qualified stock options | 06/08/2011(3) | 06/07/2017 | common stock | 6,525 | \$ 4.94 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|-------------------------------------------------------|--------------------|---|---------------------|-------|--|--|
| | Director 10% Owner | | Officer | Other | | |
| Kolb Nancy A 5420 FELTL RD MINNETONKA. MN 55343 | Â | Â | VP Global Marketing | Â | | |

Signatures

| Nancy Kolb | 09/22/2010 | | |
|----------------|------------|--|--|
| **Signature of | Date | | |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) Includes 5,100 shares of restricted stock subject to risk of forfeiture that lapses with respect to one fourth of such shares on each of the first, second, third and fourth anniversaries of the grant date (June 8, 2010).
- (2) Fully vested.
- (3) Becomes exercisable with respect to one-third of the shares on such date, and an additional, cumulative one-third on the first and second anniversary of such date.

Â

Remarks:

Signature is on behalf of Nancy Kolb.

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.

Reporting Owners 2