ACCESS INTEGRATED TECHNOLOGIES INC

Form 5 May 13, 2005

OMB APPROVAL FORM 5

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

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2005 Estimated average burden hours per response... 1.0

3235-0362

January 31,

OMB

Number:

Expires:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4

Transactions

| Reported | | | | |
|------------------------------|----------|---------------|--|---|
| 1. Name and Ad PFLUG BRIA | * | ting Person * | 2. Issuer Name and Ticker or Trading Symbol ACCESS INTEGRATED TECHNOLOGIES INC [AIX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |
| (Last) 55 MADISO | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 03/31/2005 | Director 10% Owner Senior VP - Acctg & Finance |
| 33 MADISUI | NAVE,AS | 1E 300 | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | Individual or Joint/Group Reporting (check applicable line) |
| | | | | (check appreciate line) |
| MORRISTO | WN, NJ (| 07960 | | _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person |
| | | | | |

| (City) | (State) | (Zıp) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |
|--------|---------|-------|--|
|--------|---------|-------|--|

| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securit Acquired Disposed (Instr. 3, | (A) o of (D 4 and (A) |) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------|--------------------------------------|---|---|--|--------------------------------|-------|--|--|---|
| | | | | Amount | or (D) | Price | Fiscal Year (Instr. 3 and 4) | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information **SEC 2270** contained in this form are not required to respond unless (9-02)the form displays a currently valid OMB control number.

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amoun |
|-------------|-------------|---------------------|--------------------|-------------|-------------------------------|-------------------------|---------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | Derivative | Expiration Date | Underlying Securiti |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |
| (Instr 3) | Price of | | (Month/Day/Year) | (Instr 8) | Δ conired (Δ) | | |

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Derivative or Disposed of Security (D) (Instr. 3, 4,

and 5)

(A) (D) Date

Expiration Title

Amo

40,0

or Num of Sh

Exercisable Date

Employee

Class A \$ 3.6 01/13/2005 Â A4 40,000 12/01/2005 01/13/2015 Common

Stock Option

Stock

Reporting Owners

Relationships Reporting Owner Name / Address

Director 10% Owner Officer Other

PFLUG BRIAN D

55 MADISON AVE Â Â Senior VP - Acctg & Finance **STE 300**

MORRISTOWN, NJÂ 07960

Signatures

/s/ Brian D. 05/10/2005 Pflug

**Signature of Date Reporting Person

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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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