FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso	O.E							

Check this box if no 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

1. Name and Address of Reporting Person*  FORMICA P MICHAEL				<u>OF</u>	2. Issuer Name and Ticker or Trading Symbol ORASURE TECHNOLOGIES INC OSUR  3. Date of Earliest Transaction (Month/Day/Year)						Che (Che	ck all application	rector ficer (give title		10% Ow Other (s below)	ner	
(Last) (First) (Middle) 220 EAST FIRST STREET					01/14/2004							E	Exec. VP - Operations				
(Street) BETHLEH	HEM PA	1	8015	_   4. If _	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta		Zip)		Person												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			saction	action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amoun Securities Beneficial Owned Fo Reported	For lly (D) ollowing (I) (		Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V	Α	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				inisu. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares					
Incentive Stock Options	\$8.2	01/14/2004		A <sup>(1)</sup>		12,953		(1)	01/	1/14/2014	Common Stock	12,953	(1)	12,953	3	D	
Nonqualified Stock Options	\$8.2	01/14/2004		A <sup>(2)</sup>		87,047		(2)	01/	1/14/2014	Common Stock	87,047	(2)	87,047	7	D	

## **Explanation of Responses:**

- 1. Grant of incentive stock options, vesting and exercisable over a four year period, with one-fourth of the options vesting on the first anniversary date of the grant and the remainder to vest ratably on a monthly basis, over the remaining 36 months. Vesting shall cease 90 days after termination of employment.
- 2. Grant of nonqualified stock options, vesting and exercisable over a four year period, with one-fourth of the options vesting on the first anniversary date of the grant and the remainder to vest ratably on a monthly basis, over the remaining 36 months. Vesting shall cease 90 days after termination of employment.

## Remarks:

Mark L. Kuna, as Attorney In Fact for P. Michael Formica (Power of Attorney previously filed).

01/16/2004

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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 is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.