FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasinington,	D.C.	20343	

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average bure	den					
hours per response:	0.5					

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

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 (Last) (First) (Middle) 220 EAST FIRST STREET							2. Issuer Name and Ticker or Trading Symbol ORASURE TECHNOLOGIES INC [OSUR] 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2005								elationship of Reporting Person(s) to Issuer eck all applicable) Director 10% Owner X Officer (give title Other (specify below) Exec. VP - Operations					
(Street) BETHLEHEM PA 18015 (City) (State) (Zip)						m	If Amendment, Date of Original Filed (Month/Day/Year) Ative Securities Acquired, Disposed of, or Benefice								A Cowned					
1. Title of Security (Instr. 3) 2. Transa Date						saction				3. 4. Securiti Transaction Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership		
										Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			Instr. 4)	
Common Stock 01/26						6/2005	2005		A ⁽¹⁾		26,250) A	(1)	66,	66,250		D			
			Т									sed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			3A. Deemond Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/D	n Dat		of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
							v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Incentive Stock Options	\$5.598	01/26/	2005			A ⁽²⁾		6,095		(2)		01/26/2015	Common Stock	6,095	(2)	6,095		D		
Nonqualified Stock Options	\$5.598	01/26/2	2005			A ⁽³⁾		16,405		(3)		01/26/2015	Common Stock	16,405	(3)	16,40	5	D		

Explanation of Responses:

- 1. Grant of restricted shares under the OraSure Technologies, Inc. 2000 Stock Award Plan, with one third of the grant vesting on January 26, 2006, January 26, 2007 and January 26, 2008. Vesting shall cease upon voluntary termination of employment.
- 2. 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 vesting ratably on a monthly basis, over the remaining 36 months. Vesting shall cease 90 days after termination of employment.
- 3. 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 vesting 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)

** Signature of Reporting Person

01/28/2005

Date

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

- * 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.