FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN B	BENEFICIAL	OWNERSHIP

l	OMB APPRO	DVAL
l	OMB Number:	3235-0287
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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*  ZACK JOSEPH E					2. Issuer Name and Ticker or Trading Symbol ORASURE TECHNOLOGIES INC OSUR									ck all applic Directo Officer	r (give title		10% Ow Other (s below)	ner		
(Last) 220 EAS	t) (First) (Middle) EAST FIRST STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/23/2006									below)	below)  Exec. VP - Sales				
(Street) BETHLI (City)	ETHLEHEM PA 18015  ty) (State) (Zip)				_	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D			saction	action 2A. Deemed Execution Date,		Code (Instr. 5)			(A) or	or 5. Amount of Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	nt (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 01/23.							A <sup>(1)</sup>			26,250 A		(1)	65,205			D				
		•	Table II -						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration vate	Title	or Ni of	umber						
Incentive Stock Options	\$9.56	01/23/2006			A <sup>(2)</sup>		11,719		(2)	0	1/23/2016	Commo	n 1:	1,719	(2)	11,71	9	D		
NonQual. Stock Options	\$9.56	01/23/2006			A <sup>(3)</sup>		10,781		(3)	0	1/23/2016	Commo	n 10	0,781	(3)	10,78	1	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 23, 2007, January 23, 2008 and January 23, 2009. 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 Joseph E. Zack, (Power of Attorney previously

01/25/2006

filed)

\*\* Signature of Reporting Person

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.