

# DGT HOLDINGS CORP.

Reported by  
**EMH HOWARD LLC**

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 09/26/11 for the Period Ending 09/21/11

Address	100 PINE AIRE DRIVE BAY SHORE, NY 11706
Telephone	631 231-6400
CIK	0000027748
Symbol	DGTC
SIC Code	3679 - Electronic Components, Not Elsewhere Classified
Industry	Medical Equipment & Supplies
Sector	Healthcare
Fiscal Year	07/28

# FORM 3

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

OMB APPROVAL  
OMB Number: 3235-0104  
Expires: November 30,  
2011  
Estimated average burden  
hours per response... 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a)  
of the Public Utility Holding Company Act of 1935 or Section 30(h) of the  
Investment Company Act of 1940

1. Name and Address of Reporting Person *  <b>HOWARD JACK L</b>	2. Date of Event Requiring Statement (MM/DD/YYYY) <b>9/21/2011</b>	3. Issuer Name <b>and</b> Ticker or Trading Symbol  <b>DGT Holdings Corp. [DGTC.OB]</b>
(Last) (First) (Middle)  <b>C/O STEEL PARTNERS HOLDINGS L.P., 590 MADISON AVENUE, 32ND FLOOR</b>	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <span style="margin-left: 150px;"><input type="checkbox"/> 10% Owner</span> <input type="checkbox"/> Officer (give title below) <span style="margin-left: 50px;"><input checked="" type="checkbox"/> Other (specify below)</span> <b>/ See Explanation of Responses</b>	
(Street)  <b>NEW YORK, NY 10022</b>  (City) (State) (Zip)	5. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<b>Common Stock, \$.10 par value (1)</b>	<b>1035</b>	<b>D</b>	
<b>Common Stock, \$.10 par value (1)</b>	<b>35975</b>	<b>I (2)</b>	<b>By EMH Howard, LLC</b>

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

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Explanation of Responses:**

- (1) This Form 3 is filed jointly by EMH Howard, LLC ("EMH") and Jack L. Howard. EMH and Mr. Howard are members of a Section 13 (d) group that owns more than 10% of the Issuer's outstanding Common Stock.
- (2) Shares owned directly by EMH and owned indirectly by Jack L. Howard by virtue of his position as Managing Member of EMH.

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

HOWARD JACK L C/O STEEL PARTNERS HOLDINGS L.P. 590 MADISON AVENUE, 32ND FLOOR NEW YORK, NY 10022	X			See Explanation of Responses
EMH Howard LLC 590 MADISON AVENUE, 32ND FLOOR NEW YORK, NY 10022				See Explanation of Responses

**Signatures**

/s/ Jack L. Howard

\*\* Signature of Reporting Person

9/26/2011

Date

By: EMH Howard, LLC, By: /s/ Jack L. Howard, Managing Member

\*\* Signature of Reporting Person

9/26/2011

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 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).

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 control number.