FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|-------------------------|--|---|--|----------|----------------|--------------------------|--|---|--|--|----------------|--|----------------------------------|------------------|---|------------|
| 1. Name and Address of Reporting Person* LEGROTTAGLIE VITO | | | | 2. Issuer Name and Ticker or Trading Symbol PROGRAMMERS PARADISE INC [PROG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) 1157 SHREWSBURY AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2006 | | | | | | | ear) | X | Officer (giv | | Mgmt Info S | er (specify below ystems | ow) |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | SBURY, N | | (7in) | | | | | | | | | | Tomi med by | more than one | reporting reison | | |
| (Cit | | (State) | (Zip) | | | | | | | | | | | | ficially Own | ed | 1 |
| , | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day | | Date, if | Code (Insti | (Instr. 8) | | 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) | | of (D) Ov Tra | | | | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Working) | , Du | y, rour | | ode | V A | mount | (A) or (D) | Price | ou. o una 1 | , | | Direct (D) or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock 05/10 | | | 05/10/2006 | | | N | Л | 7, | ,250 | | \$ 2.01 7, | 520 | | | D | | |
| Common Stock 0 | | | 05/10/2006 | | | | S | S | 7, | ,250 | 11) | \$ 13.05 27 | 270 | | D | | |
| Common Stock 05/11/200 | | | 05/11/2006 | | | N | Л | 2, | ,750 | | \$ 2.01 3,0 | ,020 | | | D | | |
| Commor | Common Stock 05/11/2006 | | | | | 5 | S | 2, | ,750 | | \$ 13.05 27 | 270 | | | D | | |
| | | | Table II - | | | | | quire | display d, Dispo | s a cu | irrently v | valid OME | control r | unless the number. | e form | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code | tion | 5. Nu | vative rities ired rosed | ats, options, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title ar of Underl Securities | Title and Amount f Underlying ecurities nstr. 3 and 4) 8. Price of Derivative Securities (Instr. 5) (Instr. 5 | | Owners Form o Derivat Security Direct (or Indir | Owners (Instr. 4 D) ect | | | |
| | | | | Code | V | (A) | (D) | Date Exerc | cisable | Expi Date | iration | Title | Amount or Number of Shares | | | | |
| NQ stock option (right to buy) | \$ 2.01 | 05/10/2006 | | М | | | 7,250 | 03/0 | 06/2003 | 03/0 | 06/2013 | Commo Stock | n 7,250 | \$ 0 | 2,750 | D | |
| NQ stock option (right to buy) | \$ 2.01 | 05/11/2006 | | М | | 2 | 2,750 | 03/0 | 06/2003 | 3 03/0 | 06/2013 | Commo | n 2,750 | \$ 0 | 0 | D | |

Reporting Owners

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

| LEGROTTAGLIE VITO | | | |
|------------------------|--|-----------------------------|--|
| 1157 SHREWSBURY AVENUE | | Vice Pres Mgmt Info Systems | |
| SHREWSBURY, NJ 07702 | | | |

Signatures

| /s/ Vito Legrottaglie | 05/12/2006 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

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 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.