FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

B7 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).

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*				2. Issuer Name and Ticker or Trading Symbol VASCO DATA SECURITY INTERNATIONAL INC [VDSI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LAIDLEY FORREST D											X	Director	Director		10% Owner			
(11)	(5	·:u-ak	(M4: d dl a)		11	\1L	/ICI V// II	10117	LL III	<u>~</u> [V DSI]			Officer (below)	give title		Other (specification)	pecify
(Last) 339 N. N	Last) (First) (Middle) 39 N. MILWAUKEE					3. Date of Earliest Transaction (Month/Day/Year) 01/20/2004								bciow)			bciow)	
SUITE 200				01/20/2004														
					4. If Amendment, Date of Original Filed (Month/Day/Year)										idual or Joint/Group Filing (Check Applicable			
(Street)													Line)		ed by One	Repor	ting Person	
LIBERTYVILLE IL 60048												Form file	Form filed by More than One Reportin Person			ng		
(City)	(S	State)	(Zip)											Person				
		Ta	ıble I - Nor	n-Deriv	ativ	re S	ecuriti	es Acq	uired,	Dis	posed of,	, or Ben	eficially	Owned				
, , , , , , , , , , , , , , , , , , ,		Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficial Owned Fo	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)
Common Stock, \$0.001 par value				01/27/	01/27/2004				M		5,000	A	\$0.25	255,	000	D		
Common Stock, \$0.001 par value 01				01/27/	7/2004				M		10,000	A	\$0.2	265,	265,000		D	
Common Stock, \$0.001 par value 01/27/					/2004		S		15,000	D	\$2.8058	250,000		D				
			Table II -								osed of, c			Owned				
1 Title of	2.	3. Transaction	3A. Deemed	(e.g., p	นเร	, cai	_	-	_		isable and	7. Title and		8. Price of	9. Numbe	r of	10.	11. Nature
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date	Execution Date, if any (Month/Day/Yea	ate, Tra	Transaction Code (Instr.				Expiration Dai (Month/Day/Ye		ite	of Securiti Underlying Derivative (Instr. 3 ar	es J Security	Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported	e es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)
													Amount		Transacti (Instr. 4)	on(s)		
				Cod	ام	v	(A)	(D)	Date Exercis	ahla	Expiration Date	Title	or Number of Shares					
Option to	-					•	()	(5)	LACTOR	Jubic	Duto	11110	Onarco					
Purchase Common Stock, \$0.001 par value ⁽¹⁾	\$2.55	01/20/2004		A			20,000		01/20/2	2005	01/20/2014	Common Stock, \$0.001 par value	20,000	\$2.55	20,00	0	D	
Option to Purchase					\dashv							Common						
Common Stock, \$0.001 par value	\$0.25	01/27/2004		M	ſ			5,000	02/01/3	1994	02/01/2004	Stock, \$0.001 par value	5,000	\$0.25	0		D	
Option to Purchase Common											00 (01):	Common Stock,	10.000					
Stock, \$0.001 par	\$0.2	01/27/2004		N	1			10,000	02/01/	1995	02/01/2005	\$0.001 par value	10,000	\$0.2	0		D	

Explanation of Responses:

1. Option vests 25% per quarter

/s/ Clifford K. Bown, Attorneyin-fact

01/29/2004

** 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.