

GLOYD LAWRENCE E  
 Form 4  
 December 07, 2001

----- UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 FORM 4 WASHINGTON, D.C. 20549  
 -----

/ / CHECK THIS BOX IF NO STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP  
 LONGER SUBJECT TO SECTION 16. FORM 4 OR Filed pursuant to Section 16(a) of the Securities Exchange Act of 1  
 FORM 5 OBLIGATIONS MAY Section 17(a) of the Public Utility Holding Company Act of 1935  
 CONTINUE. SEE Section 30(f) of the Investment Company Act of 1940  
 INSTRUCTION 1(b).  
 (Print or Type Responses)

1. Name and Address of Reporting Person\* 2. Issuer Name AND Ticker or Trading Symbol 6. R  
 Gloyd Lawrence E. Woodward Governor Company WGOV X  
 (Last) (First) (Middle) 3. IRS or Social Security 4. Statement for Month/Year  
 Number of Reporting Person (Voluntary) 11/2001  
 5001 North Second Street (Street) 5. If Amendment, Date of Original (Month/Year) X  
 Rockford IL 61111

TABLE I - NON-DERIVATIVE SECURITIES ACQUIRED, DI

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amo Sec Ben Own End Mon (In and
			(A) or (D) Price	
		Code V	Amount	
Woodward Governor Company Common Stock	11/20/2001	P	200	\$49.19



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7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Title	Amount or Number of Shares			

Common Stock	1,000 (a)	1,000	D	
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Explanation of Responses:

(a) Grant to reporting person of option to buy shares of common stock under the Woodward Governor Incentive Compensation Plan is an exempt transaction under Rule 16b-3.

/s/ Lawrence E. G

\*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations. SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

\*\*Signature of Re

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.