Edgar Filing: WOODWARD GOVERNOR CO - Form 4

WOODWAl Form 4 April 07, 200	RD GOVERNOF 05	ς CΟ	5								
FORM	ΙΔ								PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th if no long				Expires:	January 31, 2005						
subject to	5 SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
Section 1 Form 4 c				SECUI	burden hou	•					
Form 5		rsuant to S	Section	16(a) of th	ne Securi	ties Exchai	nge Act of 1934,	response	. 0.5		
Form 5 obligations may continue. 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											
See Instr		30(h)	of the In	nvestmen	t Compar	ny Act of 1	940				
1(b).											
(Print or Type]	Responses)										
								of Reporting Per	Reporting Person(s) to		
			Symbol WOODWARD GOVERNOR CO [WGOV]				(Check all applicable)				
(Last)	(First) (Middle)	-	of Earliest T	ransaction		_X_ Director	109	% Owner		
× ,		. *	(Month/Day/Year)				XOfficer (give titleOther (specify below)				
5001 N. SE	COND STREET		03/09/2005				Chairman & CEO				
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
		Filed(Mo	onth/Day/Yea	ır)		Applicable Line) _X_ Form filed by One Reporting Person					
ROCKFOR	D, IL 61111							More than One R			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	· · · ·		Execution Date, if		onAcquired			Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	av/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		``		. ,			0	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.				
					inforn requir	nation cont red to respo	pond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired					(Instr. 5)
					 (A) or Disposed of (D) (Instr. 3, 4, and 5) 					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	(1)	03/09/2005		А	29	<u>(1)</u>	(1)	Common Stock	29	\$ 71.71
Phantom Stock Units	<u>(1)</u>	03/23/2005		А	30	<u>(1)</u>	<u>(1)</u>	Common Stock	30	\$ 71
Phantom Stock Units	(1)	04/06/2005		А	30	<u>(1)</u>	<u>(1)</u>	Common Stock	30	\$ 69.62

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting officer runner runners	Director	10% Owner	Officer	Other				
HALBROOK JOHN A 5001 N. SECOND STREET ROCKFORD, IL 61111	Х		Chairman & CEO					
Signatures								
Carol J. Manning by Power of Attorney	04/07/2005							

**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).
- The reporting person participates in the Woodward Executive Benefit Plan under which Phantom Stock Units are accrued and are
- (1) denominated in Company stock. Phantom Stock Units are to be settled in 100% stock on a one-for-one basis upon separation from the Company. Also includes dividend reinvestment stock.

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.