Edgar Filing: CASCADE CORP - Form 4

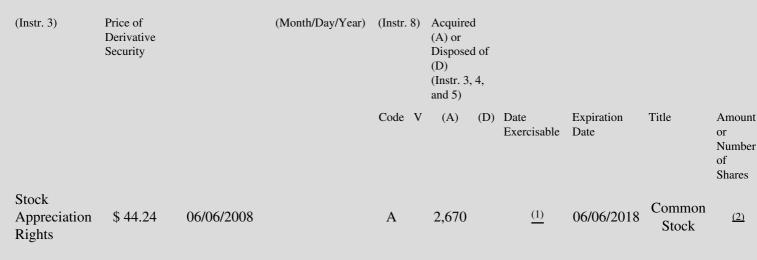
CASCADE COR	Р										
Form 4 June 10, 2008											
								OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287	7			
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Section 1940 S							urs per	5		
1(0).											
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Chazin-Wright Susan F.			2. Issuer Name and Ticker or Trading Symbol			ing	5. Relationship of Reporting Person(s) to Issuer				
			CASCADE CORP [cae]				(Check all applicable)				
(Last) (First) (Middle) CASCADE CORPORATION, 2201 NE 201ST AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2008			Director 10% Owner X Officer (give title Other (specify below) VP - Human Resources					
Ň	Filed(Month			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
FAIRVIEW, OR	97024							Person		1 6	
(City) ((State)	(Zip)	Tab	le I - Non-	Derivati	ve Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date th/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	Dispose (Instr. 3	ed (A) o ed of (D 3, 4 and (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on	a separate line	e for each cl	ass of sec	urities bene	ficially o	wned di	irectly	or indirectly.			
1					Pers info requ	sons w rmatio uired to	ho res n cont o resp	spond to the collection to the collection of the	n are not orm	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. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

Edgar Filing: CASCADE CORP - Form 4



Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Chazin-Wright Susan F. CASCADE CORPORATION 2201 NE 201ST AVENUE FAIRVIEW, OR 97024			VP - Human Resources			
Signatures						
Susan F.						

Chazin-Wright	06/10/2008
<u>**</u> 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).
- (1) The stock appreciation rights vest and are exercisable as to 25% of the total on June 6, 2009 and 25% on June 6 of each of the following three years.

The number of shares underlying stock appreciation rights will be determined at the time of exercise by calculating the difference between the closing price of Cascade common stock on the date of exercise and the base price of the stock appreciation rights established

(2) between the closing price of Cascade common stock on the date of exercise and the base price of the stock appreciation rights established at the time of grant (see column 2), multiplying that figure by the number of stock appreciation rights held by the reporting person, and then dividing the product by the closing price of Cascade common stock on the date of exercise.

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.