Edgar Filing: ARMACOST SAMUEL H - Form 4

ARMACOST	SAMUEL H											
Form 4												
June 02, 2009												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long	or							Expires:	January 31, 2005			
subject to		IENT OF CH		GES IN BENEFICIAL OWNE				Estimated a				
Section 10		SECURITIES						burden hours per				
Form 4 or Form 5		and to Contin	= 16(a) of the	. C			A -+ -f 1024	response	0.5			
obligation	· ·					-	ge Act of 1934, f 1935 or Sectio	n				
may conti	nue.		e Investment	•	• •			11				
See Instru 1(b).	ction	50(11) 01 11	e mvestment	company	y 1101	. 01 17	10					
1(0).												
(Print or Type R	lesponses)											
	ddress of Reporting I		ssuer Name and	Ticker or T	Fradin	g	5. Relationship of Reporting Person(s) to Issuer					
ARMACOS	T SAMUEL H	Symb										
	PONENT INC	ELEXPO			(Check all applicable)							
(Last) (First) (Middle) 3. Date of			te of Earliest Tra	ansaction								
(Month/Da149 COMMONWEATH DRIVE05/29/20			th/Day/Year)	-			X_ Director 10% Owner Officer (give title Other (specify					
			9/2009				below) below)					
			Amendment, Da	nendment, Date Original				6. Individual or Joint/Group Filing(Check				
			(Month/Day/Year))			Applicable Line)					
					X Form filed by One Reporting Person Form filed by More than One Reporting							
MENLO PA	RK, CA 94025						Person		porting			
(City)	(State)	(Zip)	Гable I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned			
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)			onAcquired				Form: Direct				
(Instr. 3)		any (Month/Day/Y	Code ear) (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)			•	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
		(Wollin/Day/1	car) (Instr. 8)									
					(A)		Reported					
					or		Transaction(s) (Instr. 3 and 4)					
~			Code V	Amount	(D)	Price	(mout, 5 and 4)					
Common	05/29/2009		M ⁽¹⁾	1,640 (2)	А	<u>(3)</u>	145,586	D				
Stock				<u>(2)</u>								

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

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

Reporting Owners

Edgar Filing: ARMACOST SAMUEL H - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (Instr.		5. Number orof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		7. Title and Amount of 3 Underlying Securities (Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	05/29/2009		M <u>(1)</u>			1,640 (2)	(4)	05/29/2009	Common Stock	1,640

Reporting Owners

Reporting Owner Name / Address

Reporting Owner Manie / Mutress	Director	10% Owner	Officer	Other				
ARMACOST SAMUEL H 149 COMMONWEATH DRIVE MENLO PARK, CA 94025	Х							
Signatures								
By: Wendy Whitehouse For: Samuel H.								
Armacost		(06/02/20	09				
**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).

Relationships

- (1) Conversion to common stock on a 1:1 basis of vested RSUs granted on May 24, 2006.
- (2) Reflects a 2-for-1 stock split which became effective on May 24, 2006.
- (3) Not applicable.
- (4) Restricted stock units will vest in three (3) equal installments on the day prior to the Company's annual shareholder meeting.

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.