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MDC HOLI	DINGS INC										
Form 4 December 1	0, 2004										
FORM	14					~~~~		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		APPROVAL	
	UNITED	STATES		RITIES A shington				COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Sec				SECU	RITIES				Expires: Estimated burden he response	•	
obligatio may con <i>See</i> Instr 1(b). (Print or Type	tinue. Section 17(Itility Hol	•	-	•	f 1935 or Sectic 40	on		
(Thin of Type	itesponses)										
MIZEL LARRY A Symbo			Symbol	er Name an			-	5. Relationship of Reporting Person(s) to Issuer			
		A7 , 1		HOLDING		-	C]	(Check all applicable)			
(Last)	(First) (I	Middle)		of Earliest T Day/Year)	ransaction	L		_X_ Director	_X_ 1	0% Owner	
			12/09/2	09/2004				_X_ Officer (give title Other (specify below) below) Chairman of the Board and CEO			
(Street) 4. If Ar			4. If Am	f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mo			Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	Tab	la I. Nam I	D	Gam		Person	f an Danaffa	aller Ormed	
1.Title of	2. Transaction Date	-		3.	4. Securi			quired, Disposed of 5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, if	Transactio Code (Instr. 8)	on(A) or D (Instr. 3,	ispose 4 and (A) or	ed of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common				Code V	Amount	(D)	Price				
Stock \$.01 Par Value								3,915,771	D		
Common Stock \$.01 Par Value	12/09/2004			S	1,300	D	\$ 77.03	1,043,996	I	Shares owned by Reporting Person's spouse (2)	
Common Stock \$.01 Par Value								396,161	I	Indirect Beneficial Ownership	

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Common			401(K)
Stock \$.01	2,094 (1)	Ι	Savings Plan
Par Value			Account (1)

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MIZEL LARRY A 3600 S. YOSEMITE STREET SUITE 900 DENVER, CO 80237	Х	Х	Chairman of the Board and CEO					
Signatures								
Joseph H. Fretz, Attorney-in-Fact	12/10/2004							
**Signature of Reporting Person	Date							
E I								

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) Shares are held in Reporting Person's 401(K) Savings Plan account which changes on a monthly basis.

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(2) Shares owned by the Reporting Person's spouse.

Reporting Person may be deemed to be an indirect beneficial owner of these shares because his spouse owns all of the voting units in CLCD LLC, a limited liability company that owns these shares. In addition, he is the beneficiary of various trusts which own 50.6885%

(3) CLCD LLC, a mined habitry company that owns these shares. In addition, he is the beneficiary of various trusts which own 50.0883% of the stock of CVentures, Inc., a corporation which is the sole manager of CLCD LLC. Also, Reporting Person owns 49.3115% of the common stsock of CVentures, Inc. in his own name and he is a director and president of CVentures, Inc.

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.