FOSTER L B CO Form 3 May 29, 2008 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires:

SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Add Person <u>*</u> Rowland S		orting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol FOSTER L B CO [FSTR]					
(Last)	(First)	(Middle)	05/28/2008	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
415 HOLIDA PITTSBURGI	(Street)			(Check all applicable) <u>X</u> Director 10% Own Officer 0ther (give title below) (specify below)		Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned		
1.Title of Security (Instr. 4)	y		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.			
Common Stoc	k		500		D	Â			
Reminder: Report owned directly or	indirectly.		ch class of securities benefic	ially SI	EC 1473 (7-02)			
	require	ed to respo	ined in this form are not nd unless the form displ //B control number.						
Tal	ble II - Deri	vative Secur	ities Beneficially Owned (e	.g., puts, calls.	warrants, ont	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	-	

2005

0.5

Estimated average burden hours per

response...

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Rowland Suzanne B 415 HOLIDAY DRIVE PITTSBURGH, PA 1522		Â	Â	Â				
Signatures								
Suzanne B. 0 Rowland	5/28/2008							
<u>**</u> Signature of Reporting Person	Date							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.