Edgar Filing: FULLER H B CO - Form 4

FULLER H B G Form 4										
FORM 4 March 03, 2009 EVALUATES UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							OMB Number: Expires: Estimated a burden hou response	Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u>*</u> MARCANTONIO RICHARD L			2. Issuer Name and Ticker or Trading Symbol FULLER H B CO [FUL]			5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 1200 WILLOW LAKE BOULEVARD, P.O. BOX 64683			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009			(Check all applicable) <u>X</u> Director Officer (give title below) Director below)				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ST. PAUL, MI	N 55164-068	33							More than One Re	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned
	2. Transaction E Month/Day/Ye	ar) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D) 4 and 2 (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)
Common Stock								2,732.69	D	

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)

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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. Transactie Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	\$ 0 <u>(1)</u>	02/27/2009		А	296.89	(2)	(2)	Common Stock	296.89	\$ 1

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
MARCANTONIO RICHARD L 1200 WILLOW LAKE BOULEVARD P.O. BOX 64683 ST. PAUL, MN 55164-0683	Х					
Signatures						
/s/ Timothy J. Keenan, Attorney-in-Fact	03/0	03/2009				

<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) Deferred Compensation Plan: These units (acquired after 12-31-04) convert into shares of common stock on a 1-for-1 basis.
- (2) Directors' Deferred Compensation Plan: These stock units (acquired after 12-31-04) will be converted into shares of common stock upon retirement, death, disability or certain specified events, all as defined in such plan, subject to holding periods required by law.
- (3) Directors' Deferred Compensation Plan Dividend Reinvestment: This amount (acquired after 12-31-04) includes stock units acquired pursuant to a dividend equivalent feature of the Directors' Deferred Compensation Plan.

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.