Parente Anthony M Form 4 January 14, 2011

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

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

1(b).

Form 5

obligations

may continue.

See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Parente Anthony M Issuer Symbol SHILOH INDUSTRIES INC (Check all applicable) [SHLO] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X\_ Officer (give title ) \_ Other (specify (Month/Day/Year) below) 880 STEEL DRIVE 01/14/2011 VP of Manufacturing Operations (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

#### VALLEY CITY, OH 44280

| (City)          | (State) (Z          | Zip) Table                         | e I - Non-Do | erivative S         | Securi                        | ities Acq      | quired, Disposed o | of, or Beneficial | lly Owned    |
|-----------------|---------------------|------------------------------------|--------------|---------------------|-------------------------------|----------------|--------------------|-------------------|--------------|
| 1.Title of      | 2. Transaction Date | 2A. Deemed                         | 3.           | 4. Securi           | ties A                        | cquired        | 5. Amount of       | 6. Ownership      | 7. Nature of |
| Security        | (Month/Day/Year)    | Month/Day/Year) Execution Date, if |              |                     | Transaction(A) or Disposed of |                |                    | Form: Direct      | Indirect     |
| (Instr. 3)      |                     | any                                | Code         |                     |                               |                | Beneficially       | (D) or            | Beneficial   |
|                 |                     | (Month/Day/Year)                   | (Instr. 8)   | (Instr. 3, 4 and 5) |                               | Owned          | Indirect (I)       | Ownership         |              |
|                 |                     |                                    |              |                     |                               |                | Following          | (Instr. 4)        | (Instr. 4)   |
|                 |                     |                                    |              |                     | (4)                           |                | Reported           |                   |              |
|                 |                     |                                    |              | (A)                 |                               | Transaction(s) |                    |                   |              |
|                 |                     |                                    | Code V       | Amount              | (D)                           | Price          | (Instr. 3 and 4)   |                   |              |
| Common          | 01/10/0011          |                                    |              | 1.060               | _                             | \$             | 4.400              | <b>F</b>          |              |
| Stock           | 01/12/2011          |                                    | S            | 1,362               | D                             | 13.1           | 4,420              | D                 |              |
| Common<br>Stock | 01/12/2011          |                                    | S            | 4,420               | D                             | \$ 13          | 0                  | D                 |              |

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

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Person

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### Edgar Filing: Parente Anthony M - Form 4

## 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 |                    | 4.          | 5.         | 6. Date Exerc    |            | 7. Titl |          | 8. Price of | 9. Nu  |
|-------------|-------------------|---------------------|--------------------|-------------|------------|------------------|------------|---------|----------|-------------|--------|
| Derivative  | Conversion        | (Month/Day/Year)    | Execution Date, if | Transaction | orNumber   | Expiration D     |            | Amou    | int of   | Derivative  | Deriv  |
| Security    | or Exercise       |                     | any                | Code        | of         | (Month/Day/      | Year)      | Under   | lying    | Security    | Secui  |
| (Instr. 3)  | Price of          |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e                |            | Secur   | ities    | (Instr. 5)  | Bene   |
|             | Derivative        |                     |                    |             | Securities |                  |            | (Instr. | 3 and 4) |             | Own    |
|             | Security Acquired |                     |                    |             |            |                  |            |         | Follo    |             |        |
|             | •                 |                     |                    |             | (A) or     |                  |            |         |          |             | Repo   |
|             |                   |                     |                    |             | Disposed   |                  |            |         |          |             | Trans  |
|             |                   |                     |                    |             | of (D)     |                  |            |         |          |             | (Instr |
|             |                   |                     |                    |             | (Instr. 3, |                  |            |         |          |             |        |
|             |                   |                     |                    |             | 4, and 5)  |                  |            |         |          |             |        |
|             |                   |                     |                    |             |            |                  |            |         |          |             |        |
|             |                   |                     |                    |             |            |                  |            |         | Amount   |             |        |
|             |                   |                     |                    |             |            | Date             | Expiration |         | or       |             |        |
|             |                   |                     |                    |             |            | Exercisable Date | -          | Title   | Number   |             |        |
|             |                   |                     |                    |             |            |                  | Date       |         | of       |             |        |
|             |                   |                     |                    | Code V      | (A) (D)    |                  |            |         | Shares   |             |        |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Parente Anthony M 880 STEEL DRIVE VALLEY CITY, OH 44280

VP of Manufacturing Operations

### **Signatures**

Tony Parente 12/14/2010

\*\*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).

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.

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