Edgar Filing: HERCULES INC - Form 4

HERCULES	INC											
Form 4												
November 03	3, 2008											
FORM	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
							OMMISSION	OMB	0005 0007			
			Was	hington,	D.C. 20	549			Number:	3235-0287		
Check thi									Expires:	January 31,		
if no long subject to		MENT OI	F CHAN	GES IN I	S IN BENEFICIAL OWNERSHIP OF					2005		
Section 1				SECUR	ITIES				Estimated average burden hours per			
Form 4 or										response 0.5		
Form 5	Filed put	rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,				
obligation	18 Section 17(. ,			U	1935 or Section	ı			
may cont <i>See</i> Instru	inue.			vestment	•	· ·						
1(b).	iction	~ /			1	5						
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>2</u> . Issuer			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to					
GERRITY 7	THOMAS P		Symbol					Issuer				
			-	LES INC	[HPC]							
(Last)	(First) (Middle)						(Check	k all applicable)		
(Last) (First) (Middle) 3. Date of (Month/D HERCULES PLAZA, 1313 N. 10/30/20			-				V Director	10%	Owner			
							X_ Director 10% Owner Officer (give title Other (specify					
MARKET S			10/30/20	508				below)	below)			
				nendment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
	FON DE 10904	0001						Form filed by M				
WILMING	FON, DE 19894-	0001						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	e 2A. Deer	ned	3.	4. Securi	ties Ac	cauired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)			Transactio				Securities	Form: Direct			
(Instr. 3)		any		Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial		
		(Month/I	Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				a 1 b		or	D :	(Instr. 3 and 4)				
Comment				Code V	Amount	(D)	Price	,				
Common	10/30/2008			А	5,991	A (1)	\$	29,816	D			
Stock						<u>(1)</u>	16.69					

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year) Execution Date, if TransactionNu			onNumber	Expiration D	Expiration Date		int of	Derivative	Ι
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	F
	Derivative				Securities			(Instr	. 3 and 4)		(
	Security				Acquired						F
	•				(A) or						F
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
					,,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exclementatione			of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other **GERRITY THOMAS P** HERCULES PLAZA Х 1313 N. MARKET ST. WILMINGTON, DE 19894-0001 Signatures Israel J. Floyd, Acting as Attorney in Fact for Thomas P. 11/03/2008 Gerrity

**Signature of Reporting Person

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).
- Grant of Restricted Stock Units pursuant to the terms of Omnibus Equity Compensation Plan for Non-Employee Directors. RSUs vest in (1)5 years or earlier in the event of specified events.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti

Date