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Form 4										
February 02								OMB AF	PROVAL	
FORM	4 UNITED S	STATES SECU W				NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 o Form 5 obligatio	ger o 16. or Filed pur	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							Expires:January 31, 2005Estimated average burden hours per response0.5	
may con See Instr 1(b).	tinue. Section 17(a	a) of the Public (30(h) of the]	•	•	· ·		1935 or Section 0			
(Print or Type	Kesponses)									
1. Name and A Crow Krist	Address of Reporting I ine K	Symbol				ıg	5. Relationship of I Issuer	Reporting Pers	son(s) to	
(Last)							(Check	ck all applicable)		
× ,	ERLY ROAD		/Day/Year)				Director X Officer (give t below) Senior		Owner er (specify t	
	(Street)		nendment, Da ionth/Day/Yea	-			6. Individual or Joi Applicable Line) _X_ Form filed by Or	ne Reporting Pe	rson	
HOFFMAN	NESTATES, IL 6	0179					Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securit or(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	5. Amount of Securities6.7. Nati OwnershipBeneficiallyForm: DirectBenefici OwnedOwned(D) orOwner Owner FollowingIndirect (I)Reported(Instr. 4)Transaction(s) (Instr. 3 and 4)			
Common Shares	01/31/2005	01/31/2005	М	3,769	А	\$ 47.1	22,888.911	D		
Common Shares	01/31/2005	01/31/2005	М	426	А	\$ 45.82	23,314.911	D		
Common Shares	01/31/2005	01/31/2005	М	2,535	А	\$ 48.13	25,849.911	D		
Common Shares	01/31/2005	01/31/2005	М	15,000	А	\$ 44.53	40,849.911	D		
Common Shares	01/31/2005	01/31/2005	S	100	D	\$ 49.97	40,749.911	D		

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Common Shares	01/31/2005	01/31/2005	S	200	D	\$ 49.98	40,549.911	D	
Common Shares	01/31/2005	01/31/2005	S	7,830	D	\$ 49.99	32,719.911	D	
Common Shares	01/31/2005	01/31/2005	S	13,600	D	\$ 50	19,119.911	D	
Common Shares (401(k) Plan)							4,981	Ι	401(k) Plan

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

Persons who respond to the collection of	SEC 1474
information contained in this form are not	(9-02)
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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
Option (Right to Buy)	\$ 44.53	01/31/2005	01/31/2005	М	15,000	<u>(1)</u>	02/04/2014	Common Shares	15,000
Option (Right to Buy)	\$ 45.82	01/31/2005	01/31/2005	М	426	<u>(1)</u>	12/15/2006	Common Shares	426
Option (Right to Buy)	\$ 48.13	01/31/2005	01/31/2005	М	2,535	<u>(1)</u>	02/05/2007	Common Shares	2,535
Option (Right to Buy)	\$ 47.1	01/31/2005	01/31/2005	М	3,769	<u>(1)</u>	02/02/2008	Common Shares	3,769

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Crow Kristine K 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179			Senior Vice President					
Signatures								
By: /s/ Ellis A. Regenbogen as Attorney-in-Fact		02	/02/2005					
**Signature of Reporting Person			Date					
Explanation of Resp	oonse	es:						

- * 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) This option grant is fully vested.
- (2) Employee Stock Option grant in consideration of service as an employee.

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.