

Edgar Filing: STEELE ROBERT H - Form 4

STEELE ROBERT H  
Form 4  
August 09, 2001

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/ OMB APPROVAL /  
/-----/  
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| FORM 4 |  
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U.S. 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  
  
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(f) of the Investment Company Act of 1940

(Print or Type Responses)

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1. Name and Address of Reporting Person\*

Steele, Robert H.  
-----  
(Last) (First) (Middle)  
  
138 River Road  
-----  
(Street)  
  
Essex CT 06426  
-----  
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol Moore Medical Corp. (MMD)  
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3. IRS or Identification Number of Reporting Person if an entity  
(Voluntary)  
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4. Statement for Month/Year 07/01  
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5. If Amendment, Date of Original (Month/Year)  
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6. Relationship of Reporting Person(s) to Issuer (Check all applicable)



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(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)	4. Transaction Code (Instr. 8)	
			Code	V

TABLE II--DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (e.g., puts, calls, warrants, options, convertible securities)--CONTINUED

6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr.
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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Explanation of Responses:

\*\*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 provided 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.

/s/ Robert H. Steele	08/08/01
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**Signature of Reporting Person	Date