Edgar Filing: ELECTRONIC ARTS INC - Form 4

ELECTRON	IC ARTS INC										
Form 4	_										
May 02, 2007											
FORM	$ 4 _{\text{UNITE}}$	D STATES	SECHE	DITIES A	ND FY(тна	NCF (COMMISSION		PROVAL	
	UNITE	DSIAILS		shington,			NGE C		OMB Number:	3235-0287	
Check thi				, ining to in	D.C. 2 0				Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN				NERSHIP OF	•	2005	
subject to STATEMENT OF CHAIN				SECURITIES					Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5 obligatior	1						U	e Act of 1934,			
may conti				•	•	· ·		1935 or Section	1		
See Instru	iction	30(n)	of the In	vestment	Compan	y Ac	t of 194	Ю			
1(b).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person * 2. Issuer Name COLEMAN LEONARD S JR Symbol ELECTRON				r Name and	Ticker or	Tradir	ng		Reporting Person(s) to		
								Issuer			
				CTRONIC ARTS INC [ERTS]				(Check all applicable)			
(Month/D			Date of Earliest Transaction onth/Day/Year)								
							X_ Director Officer (give	title 10% Owner			
PARKWAY		3	05/01/2	007				below)	below)	- (°F)	
17111111111	(Street)		4 If Ama	ndmant Da	ta Original			6 Individual on Ia	int/Crown Filin	c/Charle	
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 nea(mor	lui/Duy/Tear	,			_X_ Form filed by C			
REDWOOD	OCITY, CA 94	4065						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)				~					
(eng)		-						uired, Disposed of		-	
1.Title of	2. Transaction E			3. Transportio	4. Securit			5. Amount of Securities	6. Ownership Form: Direct		
Security (Instr. 3)	(Month/Day/Ye	any Executio	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	(D) or Ben Indirect (I) Own	Beneficial	
		(Month/I	Day/Year)					Owned		Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						. /	\$				

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)

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. Transactio Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed (D)	Derivative (Month/Da Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		ate	7. Title and Amount Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 49.95	05/01/2007		А	357		<u>(1)</u>	05/01/2007	Common Stock	357
Non-Qualified Stock Option (right to buy)	\$ 49.95	05/01/2007		М	3.	57	<u>(1)</u>	05/01/2007	Common Stock	357

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
COLEMAN LEONARD S JR 209 REDWOOD SHORES PARKWAY REDWOOD CITY, CA 94065	Х							
Signatures								
By: Flora B. Lee, Attorney-in-Fact For: L Coleman, Jr.		05/02/2007						
<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) Shares in lieu of Board cash compensation.

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.