Edgar Filing: DRAFT DAVID P - Form 4

DRAFT DA	VID P											
Form 4												
January 04, 2	2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED	SIAIES		hington,			INGE C	UNINISSION	OMB Number:	3235-0287		
Check the	is box		vv as	inington,	D.C. 20	349				January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN	BENEF	ICIA		NERSHIP OF	Expires. 2005			
subject to Section 1)			SECURITIES					Estimated average			
Form 4 o				SECONTIES					burden hours per response 0.5			
Form 5		suant to S	Section 1	6(a) of the	e Securit	ties E	Exchange	e Act of 1934,	10000100	0.0		
obligation	ns Section 17(•	1935 or Section	ı			
may cont See Instru	inue.			vestment	•	· ·	•					
1(b).					-							
(Print or Type I	Responses)											
1 Name and A	ddress of Reporting	Derson *	2.1		A THE THE S Polotionship					f Reporting Person(s) to		
DRAFT DA			2. Issuer Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
53				NDUSTI		דדאז	ΓV					
		INC [FR			L	(Check all applicable)						
		4. 1 11 \		-	-			D. (100	0		
(Last)				of Earliest Transaction			Director 10% Owner X Officer (give title Other (specify					
311 SOUTH WACKER 01/01/20			h/Day/Year) /2006				below) below)					
DRIVE, SU			01/01/20	000				Exec	VP - Operation	S		
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
Thed(woh				(iii/Day/Tear)				_X_Form filed by One Reporting Person				
CHICAGO, IL 60606								Form filed by More than One Reporting Person				
(():+-)	(6+-+-)	(7:)										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year)	Execution	n Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct Ine			
(Instr. 3) any (Month/Day/Ye			Dav/Year)	Code (Instr. 3, 4 and 5) y/Year) (Instr. 8)				Beneficially Owned		Beneficial Ownership		
		((Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insur 5 und 1)				
Common					4 577		¢					
Stock, par	01/01/2006			F	4,577 (1)	D	\$ 20.42	78,131	D			
value \$.01					(1)		39.42					
per share												

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.

Edgar Filing: DRAFT DAVID P - Form 4

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting officer function and the	Director	10% Owner	Officer	Other				
DRAFT DAVID P 311 SOUTH WACKER DRIVE SUITE 4000 CHICAGO, IL 60606			Exec VP - Operations					
Signatures								
/s/ John H. Clayton, attorney-in-fact	0	1/03/2006						

**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) Transaction resulting from tax withholding in connection with the vesting of restricted stock.

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.