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BERRY DAV	TD W										
Form 4 May 04 2007											
May 04, 2007	Л								PPROVAL		
	UNITED	STATES					E COMMISSIO	N OMB Number:	3235-0287		
									urs per		
(Print or Type Re	esponses)										
	dress of Reporting	L.P.	Symbol	er Name an o YSTEMS		Ū.	5. Relationship o Issuer				
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction					(Check all applicable)					
4200 MONTI 400		(Month/Day/Year) 03/07/2007				Director X 10% Owner Officer (give title Other (specify below)					
				endment, D onth/Day/Yea	-	nal	 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_ Form filed by More than One Reporting 				
HOUSTON,	TX 77006						_X_ Form filed by Person	More than One R	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	ve Securities	Acquired, Disposed	of, or Beneficia	lly Owned		
	. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3	(A) or od of (D) , 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report	rt on a separate line	e for each cla	ss of sec	urities bene	ficially o	wned directly	or indirectly.				
					info requ	rmation cor	espond to the colle ntained in this form pond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		

number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secu

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr.	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur (Instr	ities . 3 and 4)	(Instr. 5)	Bene Owne Follo Repo Trans (Instr	
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

		Relatio		
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
KAIZEN MANAGEMENT, L.P. 4200 MONTROSE BLVD. SUITE 400 HOUSTON, TX 77006		X		
SELECT CONTRARIAN VALUE PARTNERS L P 4200 MONTROSE BLVD. SUITE 400 HOUSTON, TX 77006		X		
Kaizen Capital, L.L.C. 4200 MONTROSE BLVD. SUITE 400 HOUSTON, TX 77006		X		
BERRY DAVID W 4200 MONTROSE BLVD. SUITE 400 HOUSTON, TX 77006		X		
Spectrum Galaxy Fund Ltd. 50 CALIFORNIA STREET SUITE 1500 SAN FRANCISCO, CA 94111		X		
Signatures				

By: Kaizen Capital, L.L.C., It's: General Partner, By: /s/ David W. Berry, Name: David W. Berry, Title: Manager 05/04/2007

<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).

Remarks:

Exhibit 99.1 - Joint Filing Information -- This statement is filed by and on behalf of Select Contrarian Value Partners, L.F. ("Select"), Kaizen Management, L.P., as general partner of Select ("Management"), Kaizen Capital, L.L.C., as general partner of Management ("Capital"), David W. Berry, as the manager and member of Capital ("Berry"), and Spectrum Galaxy Fund Ltd. ("Spectrum"). -- Each of the reporting persons states that neither the filing of this statement nor anything herein shall be deemed an admission that such person is, for purposes of Section 16 of the Act or otherwise, the beneficial owner of any securities covered by this statement. Each of the reporting persons disclaims beneficial ownership of covered by this statement, except to the extent of the pecuniary interest of such person in such securities.

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.