## Edgar Filing: GLAZER AVRAM A - Form 4

GLAZER AV	VRAM A											
Form 4												
June 19, 200	9											
FORM	1 /										PPROVAL	
	UNITE	ED STATES				ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287	
Check thi				U						Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN BENEFICIAL OW				OW	NERSHIP OF		2005	
Section 1		SECURITIES							Estimated a burden hou	0		
Form 4 or	r								response 0.			
Form 5	Filed	pursuant to	Section 1	6(a) of th	he	Securiti	es Ex	chang	e Act of 1934,			
obligation may cont		17(a) of the	Public Ut	ility Ho	ldi	ing Com	pany	Act of	f 1935 or Section	n		
See Instru 1(b).		30(h)	of the In	vestmen	t C	Company	Act	of 194	40			
(Print or Type R	Responses)											
GLAZER AVRAM A Symbol				uer Name <b>and</b> Ticker or Trading ol ATA CORP [ZAP]				,	5. Relationship of Reporting Person(s) to Issuer			
					-				(Chec	k all applicable	e)	
(Last)	(First)	(Middle)	3. Date of		Fra	nsaction				100		
	IAN CENTR	E SINTE		nth/Day/Year)					_X_ Director10% Owner _X_ Officer (give title Other (specify			
350		L, SUITE	06/17/20	009					below)	below) ident and CEO	(	
	(Street)		4. If Ame	ndment, D	Date	e Original			6. Individual or Jo	oint/Group Filin	1g(Check	
				(Month/Day/Year)					Applicable Line)			
ROCHESTE	ER, NY 14618	3							_X_ Form filed by C Form filed by M Person	One Reporting Pe fore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-	De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.					5. Amount of	6. Ownership		
Security	(Month/Day/Y		on Date, if		tio	n(A) or Dis	sposed	of		Form: Direct		
(Instr. 3) any (Month/Day/Ye			Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					6	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
			Day (1 car)	(1150.0) (1150.0, 4 and 3)				)	Following	(Instr. 4)		
							(A)		Reported	(Instr. 4)		
							(A) or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock (1)	06/17/2009			S		41,120	D	\$ 7.5	0	D		

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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships							
1 8	Director	10% Owner	Officer	Other					
GLAZER AVRAM A 100 MERIDIAN CENTRE SUITE 350 ROCHESTER, NY 14618	Х		President and CEO						
Signatures									
/s/ Avram A. Glazer	06/18/2009								
<u>**</u> Signature of	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).

The shares of common stock will be sold in accordance with the terms and conditions of a certain Share Purchase Agreement, dated June 17, 2009. Pursuant to the terms of the Share Purchase Agreement, the Reporting Person has irrevocably agreed to sell his shares of

(1) 17, 2009. Fulsual to the terms of the Share Fulchase Agreement, the Reporting Ferson has interoceably agreed to sen his shares of common stock promptly after the completion of the Annual Meeting of Shareholders of Zapata Corporation, currently scheduled to occur on or about July 7, 2009.

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.

Reporting Person