### Edgar Filing: MATTHEWS CRAIG G - Form 4/A

| MATTHEW   | /S CRAIG G         |             |  |   |  |      |  |  |   |           |  |  |
|---|--------------------|-------------|--|---|--|------|--|--|---|-----------|--|--|
| Form 4/A  |                    |             |  |   |  |      |  |  |   |           |  |  |
| January 31,   |                    |             |  |   |  |      |  |  |   |           |  |  |
| FORM  | <b>4</b> UNITED    | RITIES A    | ND EX  | OMB APPROVAL  |  |      |  |  |   |           |  |  |
|   | UT TILD            |             |  | shington,   |  |      |  |  | OMB<br>Number:  | 3235-0287 |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5 Eiled pursuant to  |                    |             |  | SECUR   | Expires:January 31<br>2009Estimated average<br>burden hours per<br>response0.9 |      |  |  |   |           |  |  |
| obligatio<br>may con<br><i>See</i> Instr<br>1(b).   | tinue. Section 17( | a) of the I | Public U   |   | ding Cor   | npan | y Act of   | 2 Act of 1934,<br>1935 or Sectior<br>0   | 1   |           |  |  |
| (Print or Type  | Responses)         |             |  |   |  |      |  |  |   |           |  |  |
| MATTHEWS CRAIG G Symb   |                    |             | Symbol   | r Name <b>and</b><br>ADA HES                                    |  |      | 0  | 5. Relationship of Reporting Person(s) to<br>Issuer  |   |           |  |  |
| (Last) (First) (Middle)   |                    |             | 3. Date of Earliest Transaction  |   |  |      |  | (Check all applicable)   |   |           |  |  |
| (Month  |                    |             | (Month/E<br>01/30/2  | th/Day/Year)<br>D/2006  |  |      |  | _X_Director10% Owner<br>Officer (give titleOther (specify<br>below) below)   |   |           |  |  |
| Filed<br>01/3   |                    |             | Filed(Mor  | If Amendment, Date Original<br>led(Month/Day/Year)<br>1/31/2006 |  |      |  | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |   |           |  |  |
| STATENI   | SLAND, NY 1031     | 14          |  |   |  |      |  | Person   |   |           |  |  |
| (City)  | (State)            | (Zip)       | Tabl   | le I - Non-D  | Derivative   | Secu | rities Acqu  | iired, Disposed of,  | or Beneficial   | y Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)<br>2. Transaction Date 2A. Deemed<br>(Month/Day/Year)<br>Execution Date, if<br>any<br>(Month/Day/Year) |                    |             | 3. 4. Securities Acquired<br>Transactior(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8) |   |  |      | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |           |  |  |
|   |                    |             |  | Code V  | Amount   | or   | Price  | Transaction(s) (Instr. 3 and 4)  |   |           |  |  |
| Common<br>Stock,<br>\$1.00 par<br>value   | 01/30/2006         |             |  | A <u>(1)</u>  | 500  | A    | \$ 0   | 4,541  | D   |           |  |  |
| Common<br>Stock,<br>\$1.00 par<br>value   | 01/30/2006         |             |  | Р   | 500  | A    | \$<br>151.19   | 5,041  | D (2)   |           |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>ionNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | ;                   |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|--|---------------------|--------------------|---|--|---|--|
|   |   |   | Code V                                | ″ (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                               | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| L O   | Director      | 10% Owner | Officer | Other |  |  |  |
| MATTHEWS CRAIG G<br>1535 RICHMOND AVENUE<br>STATEN ISLAND, NY 10314 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| George C. Barry for Craig G.<br>Matthews                            | 01/31/2006    |           |         |       |  |  |  |
| **Signature of Reporting Person                                     |               | Date      |         |       |  |  |  |
| E I (D  |               |           |         |       |  |  |  |

### **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) Granted pursuant to Rule 16b-3(d).
- (2) This amount reflects 20 shares acquired in 2005 in the issuer's dividend reinvestment program.

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.