Edgar Filing: NORTH AMERICAN GALVANIZING & COATINGS INC - Form 4

NORTH AM Form 4 April 01, 200	IERICAN GAL)8	VANIZIN	G & CO/	ATINGS	INC							
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								N T	OMB APPROVAL			
. •	• • UNITEL		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check this box if no longer subject to Section 16.				0 /	F	Expires: January 3 200 Estimated average burden hours per						
Form 4 or Form 5 obligations may continue. See Instruction 1(b).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> SUNUNU JOHN H			2. Issuer Name and Ticker or Trading Symbol NORTH AMERICAN GALVANIZING & COATINGS INC [NGA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Officer (give title Other (specify below)				
5314 S YAI 1000	LE AVENUE S	04/01/2008										
TULSA, OF	4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities A	cquired, Disposed	of,	or Benefic	•	
1.Title of Security (Instr. 3)	ity(Month/Day/Year)Executi3)any		med on Date, if Day/Year)	(Instr. 8) (Instr. 3,		ed (A) or ed of (D) 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) Inc	5. Dwnership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock, \$.10 par	04/01/2008			Code V		(D)	Price (<u>1</u>)	70,285	Ι		By the Company's Director Stock Unit Trust	
Common Stock								63,796	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)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired			,	í.		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
					Exe	Exercisable Date	Date		of		
				Code V	(A) (D)				Shares		
				coue v	(11) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SUNUNU JOHN H 5314 S YALE AVENUE SUITE 1000 TULSA, OK 74135	Х							
Signatures								
/s/ John H. Sununu by Beth B. Hood, Attorney-in-fact		04/01/2008						
** Signature of Reporting Person			Date					
E								

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) Director compensation earned in 2008 plus a matching amount from the Company was deferred under the Director Stock Unit Program. The deferred amounts were converted into the right to receive 2,759 shares of Company stock on or shortly after April 1, 2014.

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.