Edgar Filing: REIN CATHERIN A - Form 4

Form 4	HEKIN A										
January 11,	2006										
FORM	ЛД							OMB AF	PROVAL		
	SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						OMB Number:	3235-0287			
Check the check	nger								Expires:	January 31, 2005	
subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.5		
Form 5 obligatio may cor <i>See</i> Instr 1(b).	ons Section 17(a) of the l	Public U	Jtility Ho		npan	y Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> REIN CATHERIN A			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			BANK OF NEW YORK CO INC [BK]					(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year)					X_Director10% Owner Officer (give titleOther (specify below)below)			
METLIFE, PLAZA NO	INC., 27-01 QUI ORTH	EENS	01/10/2	2006							
				(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LONG ISL	AND CITY, NY	11101						Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	-Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	(A)) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	. ,		
Stock (Par Value \$7.50)	01/10/2006			Р	985.17	А	\$ 31.7205	5 81,112.45	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.

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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)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int 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 / Address

Relationships

Director 10% Owner Officer Other

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REIN CATHERIN A METLIFE, INC. 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101

Signatures

Catherine A. 01/11/2006 Rein Date

**Signature of Reporting Person

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).

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.