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Michael Lips	scomb S											
Form 4												
February 15,	2011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB	3235-0287			
Check thi	is box		vv as	snington,	D.C. 20	549			Number:	January 31,		
if no longer which the statement of CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Expires: 200				
subject to Section 1)		CIIAN						Estimated average			
Form 4 or		SECURITIES							burden hours per response 0.5			
Form 5		suant to Se	ection 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	16300136	0.0		
obligation	¹⁸ Section $17(s$						-	1935 or Section	ı			
may cont <i>See</i> Instru		30(h) o	f the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type F	Responses)											
1 Name and A	ddress of Reporting F	Person *	2 Ianuar	Nama and	Tielten on	Tuodia		5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person *2. IssuerMichael Lipscomb SSymbol				Name and Ticker or Trading				Issuer				
1			•	oldings, I	nc [AIM	Cl						
(Least)	(Einst)			0	-			(Checl	k all applicable	;)		
			Month/D	Earliest Tr	ansaction			X Director 10% Owner				
26451 CURTISS WRIGHT 02/11/20				•				Officer (give titleOther (specify				
	, SUITE 106	· · · · ·)_, 11, 2					below)	below)			
	(Street)	4	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
(,			Filed(Month/Day/Year)					Applicable Line)				
								_X_Form filed by C				
RICHMON	D HEIGHTS, OH	44143						Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securit	ies A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities	Form: Direct			
(Instr. 3)								Beneficially Owned		Beneficial Ownership		
		(monus Du	.,, i cui)	(msu: o)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insur o unu i)				
Common Stock per	02/11/2011	02/11/20	11	А	2,735	٨	\$	21,510	D			
Stock, par vlaue \$0.01	02/11/2011	02/11/20	11	A	2,755	А	21.94	21,310	D			
viaue \$0.01												

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Michael Lipscomb S 26451 CURTISS WRIGHT PARKW SUITE 106 RICHMOND HEIGHTS, OH 44143	YAY X							
Signatures								
Todd Patriacca, Attorney-in-fact	02/15/2011							
**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).

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.