## Lundgren Tamara L. Form 3 October 03, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Lundgre			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol RYDER SYSTEM INC [R]				
(Last)	(First)	(Middle)	10/01/2012	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
11690 N.W MIAMI, I	(Street)			(Check X_ Director Officer (give title below	Other	Owner	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) Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		4. Na Owne (Instr	1	
Common St	tock		0		D	Â		
Reminder: Rep owned directly	· •		ach class of securities benefic	ially S	EC 1473 (7-02	2)		
	inforr requi	nation cont red to respo	pond to the collection of ained in this form are not ond unless the form displ MB control number.					
,	Table II - De	rivative Secu	urities Beneficially Owned (e	.g., puts, calls,	warrants, opt	tions, c	convertible securities)	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / AddressReporting Owner Name / AddressDirectorI0% OwnerOfficerOtherDirector10% OwnerAfÂÂÂLundgren Tamara L.<br/>11690 N.W. 105TH STREET<br/>MIAMI, FLÂ 33178Â XÂÂÂSignatures<br/>AtorneyIntervention<br/>10/03/2012Intervention<br/>10/03/2012Intervention<br/>10/03/2012

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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.