TEREX CORP Form 3 March 10, 2006

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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 Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement TEREX CORP [TEX] FOX COLIN (Month/Day/Year) 03/01/2006 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O TEREX (Check all applicable) CORPORATION, Â 500 POST **ROAD EAST, SUITE 320** 10% Owner Director _X__ Officer (Street) Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) Senior Vice President _X_ Form filed by One Reporting Person WESTPORT. CTÂ 06880 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock, par value \$.01 15.159 (1) D Common Stock, par value \$.01 716 (1) Ι 401(k) plan Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

1. Title of Derivative Security
2. Date Exercisable and (Instr. 4)

Expiration Date (Month/Day/Year)

Securities Underlying Derivative Security

Derivative Security

3. Title and Amount of 4.

Securities Underlying Ownership or Exercise

Ownership Ownership

Ownership

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| | Date Exercisable | Expiration Date | (Instr. 4) Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) |
|------------------------------------------|---------------------|--------------------|-------------------------------------|----------------------------------|------------------------------------|---------------------------------------------------------------------------|------------|
| Employee Stock Option (right to buy) (2) | 02/07/2004 | 02/07/2013 | Common Stock, par value \$.01 | 4,000 | \$ 11.32 | D | Â |
| Employee Stock Option (right to buy) (3) | 03/11/2005 | 03/11/2014 | Common Stock, par value \$.01 | 2,500 | \$ 34.69 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|-------------------------------------------------------------------------------------------|---------------|-----------|-----------------------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| FOX COLIN C/O TEREX CORPORATION 500 POST ROAD EAST, SUITE 320 WESTPORT, CT 06880 | Â | Â | Senior Vice President | Â | |

Signatures

| /s/ COLIN FOX | 03/10/2006 |
|---------------------------------|------------|
| **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).
- (1) Represents shares beneficially owned as of March 1, 2006.
- (2) Stock options granted pursuant to one of the Company's long term incentive plans vesting over a 4 year period, with the first vesting on February 7, 2004.
- (3) Stock options granted pursuant to one of the Company's long term incentive plans vesting over a 4 year period, with the first vesting on March 11, 2005.

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.

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