Edgar Filing: BONTEMPO ROBERT N - Form 4

| BONTEMPO | O ROBERT N | | | | | | | | | | |
|---|---|--|---|---------------------------------------|-----------|--------------|--|---|---|--|--|
| Form 4 | | | | | | | | | | | |
| June 10, 200 | 9 | | | | | | | | | | |
| FORM | 14 | | | | | | | OMB AF | PROVAL | | |
| | UNITED | STATES SECU W | JRITIES A ashington | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | | |
| Check thi if no long | ger STATEN | IENT OF CHA | OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | Expires: January 3 200 | | | |
| subject to | | | | SECURITIES | | | | | Estimated average burden hours per response 0.5 | | |
| Form 5 obligation may cont See Instru 1(b). | Filed pur ns Section 17(| suant to Section a) of the Public 30(h) of the | Utility Hol | ding Coi | npan | y Act of | 1935 or Section | | 0.5 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| BONTEMPO ROBERT N Symbol | | | | er Name and Ticker or Trading | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| BAKEF | | | R MICHAEL CORP [BKR] | | | | | | | | |
| 100 AIRSIDE DRIVE (Month 06/08, (Street) 4. If An | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2009 | | | | X Director Officer (give t below) | Officer (give title Other (specify | | | |
| | | | f Amendment, Date Original ed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MOON TO | WNSHIP, PA 15 | 108 | | | | | Form filed by M Person | | | | |
| (City) | (State) | (Zip) Ta | able I - Non-l | Derivative | Secu | rities Acqu | uired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code (Instr. 8) | 4. Securi on(A) or D (Instr. 3, | (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 06/08/2009 | | M | 1,000 | A | \$ 7.8125 | 16,500 | 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)

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| 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. Transacti Code (Instr. 8) | onof D Secu Acqu (A) o Disp (D) | urities uired or osed of r. 3, 4, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|--|---|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 7.8125 | 06/08/2009 | | М | | 1,000 | 01/02/2000 | 07/02/2009 | Common Stock | 1,000 |

Reporting Owners

| Reporting Owner Name / Add | ress | Relationships | | | | | | |
|--|-----------------|---------------|---------|-------|--|--|--|--|
| reporting of the round for a | Director | 10% Owner | Officer | Other | | | | |
| BONTEMPO ROBERT N 100 AIRSIDE DRIVE MOON TOWNSHIP, PA 1: | X 5108 | | | | | | | |
| Signatures | | | | | | | | |
| /s/Bontempo, | 0.6.11.0.10.000 | | | | | | | |
| Robert N. | 06/10/2009 | | | | | | | |
| **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.