Edgar Filing: NYMEX HOLDINGS INC - Form 4

NYMEX HO	DLDINGS INC	1									
Form 4											
April 16, 200											
FORM		CECUD			PPROVAL						
. •	UNITE	D STATES		hington, l			NGE (COMMISSION	OMB Number:	3235-0287	
Check the	is box		vv as	inington,	D.C. 20.	J - J				January 31	
if no long		EMENT O	F CHAN	NGES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005	
Subject to State were of Charts				SECURITIES					Estimated average burden hours per		
Form 4 o	r								response	•	
Form 5	no *			• •			U	e Act of 1934,			
obligation may cont	Section 1			•	•	- ·		f 1935 or Sectio	n		
See Instru		30(h)	of the In	vestment (Compan	y Act	t of 194	40			
1(b).											
(Print or Type I	Responses)										
× 51	1										
			2. Issuer	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
			Symbol					Issuer			
	NYMEX	K HOLDII	NGS IN	C [NI	MX]	(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check an applicable)			
(.			(Month/D	(Month/Day/Year)				Director 10% Owner			
ONE NORT			04/15/20	008				X Officer (give below)	title Oth below)	er (specify	
	WORLD FINA	NCIAL						1	P - Research		
CENTER											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
NEW YOR	K, NY 10282							Form filed by M			
	1,11110202							Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				•		Beneficial Ownership	
		(intoliali	Duj, i cui)	(msu: o)	(insu: 5,	i una	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				~		or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock	04/15/2008			M <u>(1)</u>	1,250	А	\$ 59	1,824	D		
							¢				
Common Stock	04/15/2008			S <u>(1)</u>	1,332	D	\$ 93.5	492	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 59	04/15/2008		M <u>(1)</u>	1,250	(2)	11/17/2014	Common Stock	1,250	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LEVIN ROBERT A ONE NORTH END AVENUE WORLD FINANCIAL CENTER NEW YORK, NY 10282			SVP - Research				
Cianoturoo							

Signatures

/s/Robert Levin 04/16/2008 <u>**</u>Signature of Date 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).
- (1) Transaction pursuant to previously adopted plan intended to comply with Rule 10b5-1(c) under the Securities Exchange Act of 1934.
- (2) The Option vests in four equal annual installments beginning on November 17, 2007, subject to additional terms contained in the grant and, if applicable, other contracts.
- (3) Not applicable.

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.