Edgar Filing: JOHNSON MONTE C - Form 4

JOHNSON N Form 4	MONTE C										
February 07,	2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PROVAL 3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent OF CHANGES IN 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 Sect 30(h) of the Investment Company Act of 1940						e Act of 1934, f 1935 or Sectio	January 3 Expires: 200 Estimated average burden hours per response 0				
(Print or Type R	Responses)										
JOHNSON MONTE C Symbol BULL			Symbol	suer Name and Ticker or Trading bl				5. Relationship of Reporting Person(s) to Issuer			
			BULL RUN CORP [BULL]					(Check all applicable)			
(Mo			(Month/D	 Date of Earliest Transaction Month/Day/Year) O2/07/2005 				XDirector10% Owner Officer (give titleOther (specify below)below)			
				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
LAWRENC	E, KS 66046							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securiti m(A) or Dis (D) (Instr. 3, 4	posed	of	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
stock, \$.01 par value	02/07/2005			J <u>(1)</u>	15,000	A	\$ 0.6	17,500	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)

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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		(Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to purchase	\$ 3.437					12/17/1999	11/01/2005	Common Stock, \$.01 par	1,818	
Option to purchase	\$ 3.437					12/17/1999	09/01/2006	Common Stock, \$.01 par	1,818	
Option to purchase	\$ 3.437					12/17/1999	07/23/2007	Common Stock, \$.01 par	1,818	
Option to purchase	\$ 3.437					12/17/1999	06/26/2008	Common Stock, \$.01 par	1,818	
Option to purchase	\$ 9.3					11/07/2001	11/07/2011	Common Stock, \$.01 par	500	
Option to purchase	\$ 5.7					02/13/2003	02/13/2013	Common Stock, \$.01 par	500	
Option to purchase	\$ 1.16					01/07/2004	01/07/2014	Common Stock, \$.01 par	500	
Option to purchase	\$ 0.62	01/26/2005		A V	1	01/26/2005	01/26/2015	Common Stock, \$.01 par	500	ſ

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JOHNSON MONTE C P.O. BOX 3829	Х						

LAWRENCE, KS 66046

Signatures

FREDERICK J. ERICKSON attorney in fact for MONTE C. JOHNSON

**Signature of Reporting Person

02/07/2005

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).
- (1) Portion of directors fee paid pursuant to board of directors resolution
- (2) Option grant under Non-Employee Directors' Plan

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.