

GANDER MOUNTAIN CO  
 Form 3  
 February 02, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**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 Person * |         | 2. Date of Event Requiring Statement | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                                                                                                                                                                       |                                                      |
| Â VOLD ROBERT J                           |         | (Month/Day/Year)                     | GANDER MOUNTAIN CO [GMTN]                                                                                                                                                                                                |                                                      |
| (Last)                                    | (First) | (Middle)                             | 4. Relationship of Reporting Person(s) to Issuer                                                                                                                                                                         | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| 180 EAST FIFTH STREET                     |         |                                      | (Check all applicable)                                                                                                                                                                                                   |                                                      |
| (Street)                                  |         |                                      | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other<br>(give title below)    (specify below)<br>Sr. V.P., CFO & Treasurer |                                                      |
| ST. PAUL,Â MNÂ 55101                      |         |                                      | 6. Individual or Joint/Group Filing(Check Applicable Line)                                                                                                                                                               |                                                      |
| (City)                                    | (State) | (Zip)                                | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                                          |                                                      |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| Common Stock                       | 1,281                                                    | D                                                                 | Â                                                        |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security:<br>Direct (D)<br>or Indirect | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|
|                                               | Date Exercisable    Expiration Date                         | Title    Amount or Number of                                                   |                                                        |                                                                        |                                                          |

Edgar Filing: GANDER MOUNTAIN CO - Form 3

|                                        |            |            |                 | Shares |         | (I)<br>(Instr. 5) |     |
|----------------------------------------|------------|------------|-----------------|--------|---------|-------------------|-----|
| Common Stock Options<br>(right to buy) | Â (1)      | 10/31/2015 | Common<br>Stock | 20,000 | \$ 5    |                   | D Â |
| Common Stock Options<br>(right to buy) | 10/31/2006 | 10/31/2015 | Common<br>Stock | 10,000 | \$ 5    |                   | D Â |
| Common Stock Option<br>(right to buy)  | Â (2)      | 11/30/2015 | Common<br>Stock | 5,000  | \$ 5.69 |                   | D Â |

## Reporting Owners

| Reporting Owner Name / Address                               | Relationships |           |                             |       |
|--------------------------------------------------------------|---------------|-----------|-----------------------------|-------|
|                                                              | Director      | 10% Owner | Officer                     | Other |
| VOLD ROBERT J<br>180 EAST FIFTH STREET<br>ST. PAUL, MN 55101 | Â             | Â         | Â Sr. V.P., CFO & Treasurer | Â     |

## Signatures

/s/ Jonathan R. Zimmerman on behalf of Robert J.  
Vold

02/02/2007

\_\_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) This option vests as to one-third of the shares covered by the option on each of October 31, 2006, October 31, 2007 and October 31, 2008 if the reporting person is employed by the Company on the applicable date.
- (2) This option vests as to one-third of the shares covered by the option on each of November 30, 2006, November 30, 2007 and November 30, 2008 if the reporting person is employed by the Company on the applicable date.

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.