Edgar Filing: FELDBERG MEYER - Form 4

FELDBERG	MEYER											
Form 4												
April 04, 201	1											
FORM	4										PPROVAL	
	UNITE	D STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHAN										Expires:	January 31,	
				GES IN BENEFICIAL OW					NERSHIP OF	Estimated a	2005 average	
Section 16.				SECU	JRI	TIES				burden hou	0	
	Form 4 or									response	•	
Form 5 obligation	~ ^							-	ge Act of 1934,			
may conti				•		U	• •		f 1935 or Sectio	n		
See Instru	ction	30(h)	of the Inv	vestme	nt (Company	/ Act	of 19	40			
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of R									f Reporting Per	Reporting Person(s) to		
FELDBERG MEYER Symbo				-					Issuer			
				acy's, Inc. [M]					(Chao	k all applicabl	2)	
(Last) (First) (Middle) 3. Date o			3. Date of	Date of Earliest Transaction					(Check all applicable)			
(Month/				onth/Day/Year)					X Director 10% Owner			
145 CENTRAL PARK WEST, APT. 03/31/20				-					Officer (give title Other (specify below) below)			
2B									below)	UCIOW)		
	(Street)		4. If Amer	ndment,	Date	e Original			6. Individual or Jo	oint/Group Filin	ng(Check	
Filed(Mc				(Month/Day/Year)					Applicable Line)			
									X Form filed by 0 Form filed by N			
NEW YORK	K, NY 10023								Person		porting	
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.		4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if TransactionAcquired (A) or							Form: Direct	Indirect		
(Instr. 3)		any (Month/	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)						Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
(Wohlly D			Say (10ar) (1150. 5) (1150. 5, 4 and 5)				.,	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(insu: 5 and 4)			
Common Stock	03/31/2011			М		676 <u>(1)</u>	А	\$0	16,668	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)

Reporting Owners

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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)	4. Transactic Code (Instr. 8)	5. Number 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. F Der Sec (Ins
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(2)</u>	03/31/2011	М	639	03/31/2011	03/31/2011	Common Stock	639	

Reporting Owners

Reporting Owner Name / Address		Relationsh	iips					
	Director	10% Owner	Officer	Other				
FELDBERG MEYER 145 CENTRAL PARK WEST APT. 2B NEW YORK, NY 10023	Х							
Signatures								
/s/ Linda J. Balicki, as attorney-in-fact for Meyer Feldberg pursuant to a Power of Attorney								

Deletionching

**Signature of 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) In addition to the shares converted as reported on Table II, the reporting person also acquired 37 shares of common stock paid as dividends on those converted shares resulting from a dividend reinvestment feature of the director's compensation program.
- (2) 1-for-1 conversion.

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.

Date