

Edgar Filing: RICHARDSON STEVEN A - Form 4

RICHARDSON STEVEN A
Form 4
December 10, 2002

FORM 4	OMB APPROVAL
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[] CHECK THIS BOX IF NO LONGER SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1 (b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

RICHARDSON	STEVEN	A.
(Last)	(First)	(Middle)
5225 S LOOP 289		
(Street)		
LUBBOCK	TEXAS	79424
(City)	(State)	(Zip)

2. Issuer Name and Ticker or Trading Symbol

ALAMOSA HOLDINGS, INC. APS

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Year

12/02

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5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

CHIEF OPERATING OFFICER

7. Individual or Joint/Group Filing (Check Applicable)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF,
OR BENEFICIALLY OWNED

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficia- lly Owned at End of Month (Instr. 3 and 4)
		Code	V	Amount	(A) or (D)	Price	
COMMON STOCK	12/06/02	A		100,000	A		100,000

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly by the reporting person.
 *If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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 CONTROL NUMBER.

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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.

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