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HEARTLAND PAYMENT SYSTEMS INC

Form 4 June 15, 2007

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SHERIDAN THOMAS			ool ARTLAND	d Ticker or Trading PAYMENT	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			STEMS INC		`	**			
(Last)	(First) (N		ite of Earliest T hth/Day/Year)	ransaction	DirectorX_ Officer (give				
C/O HEARTLAND PAYMENT			3/2007		below) Chief	below) Portfolio Office	er		
SYSTEMS, INC., 90 NASSAU									
STREET									
(Street)			Amendment, D	ate Original	6. Individual or Joint/Group Filing(Check				
			(Month/Day/Yea	ar)	Applicable Line) _X_ Form filed by One Reporting Person				
PRINCETO	N, NJ 08542				_X_ Form filed by N Form filed by N Person	1 0			
(City)	(State)	(Zip)	Гable I - Non-	Derivative Securities Acq	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature		
Security	(Month/Day/Year)	Execution Date		ion(A) or Disposed of (D)	Securities	Form: Direct			
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficia		

1.Title of	2. Transaction Date 2A. Deemed		3.	4. Securities Acquired		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code (Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	06/13/2007		M	2,500	A	\$ 9.275	67,605	D	
Common Stock	06/13/2007		S	100	D	\$ 25.96	67,505	D	
Common Stock	06/13/2007		S	2,400	D	\$ 25.94	65,105	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) (1)	\$ 9.275	06/13/2007		M	2,500	(2)	12/01/2014	Common Stock	2,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
SHERIDAN THOMAS C/O HEARTLAND PAYMENT SYSTEMS, INC. 90 NASSAU STREET PRINCETON NI 08542			Chief Portfolio Officer			

Signatures

/s/ Thomas
Sheridan

**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) The options were granted under Heartland Payment Systems, Inc.'s 2000 Equity Incentive Plan.
- Of the 211,719 shares of stock underlying the option grant that have not been exercised, 131,719 options have vested and are exercisable as of the date of this filing and an option for the remaining 80,000 shares will become exercisable on December 1, 2007.

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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