Edgar Filing: PACKARD JAMES L - Form 4

PACKARE	D JAMES L										
Form 4											
May 25, 20	010										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AP	PROVAL		
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNE				Expires:	January 31,		
								Estimated av	2005 Verage		
Section	16.		SECU	SECURITIES				burden hours			
Form 4 Form 5		~ ·						response	0.5		
obligati	I'lleu pu	rsuant to Section	• •			U					
may co	ntinue. Section 17	f(a) of the Public 20(h) of the	•	•	- ·		935 or Section				
See Inst	truction	50(II) 01 UI	e mvesune	ent Compan	y Aci	1 01 1940					
1(b).											
(Print or Type	e Responses)										
	Address of Reporting	g Person <u>*</u> 2.]	ssuer Name a	and Ticker or	Tradin	-0	Relationship of F	Reporting Perso	on(s) to		
PACKARD JAMES L Symbol MANI								suer			
			NITOWOC CO INC [MTW]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of			te of Earlies	of Earliest Transaction							
2400 S. 44TH STREET (Month/ 05/21/2			nth/Day/Year	-			Director		Owner		
			21/2010	/2010 <u>be</u>				Officer (give title Other (specify below)			
			Amendment,	nendment, Date Original 6.			Individual or Joint/Group Filing(Check				
			(Month/Day/Y	(ear)			pplicable Line) K_ Form filed by One Reporting Person				
	WOC WI 54220					2	<pre>_ Form filed by Of _ Form filed by Mo</pre>				
MANITO	WOC, WI 54220					Pe	erson		C		
(City)	(State)	(Zip)	Table I - No	n-Derivative	Securi	ities Acquir	ed, Disposed of,	or Beneficially	y Owned		
1.Title of	2. Transaction Date		3.	4. Securitie		ired (A) or		6.	7. Nature		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, i any	Date, if TransactionDisposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form:	of Indirect Beneficial		
(1130.5)		(Month/Day/Yea			und <i>S</i>)		Owned	Direct (D)	Ownership		
							Following	or Indirect	(Instr. 4)		
					(A)		Reported Transaction(s)	(I) (Instr. 4)			
				7 .	or	D .	(Instr. 3 and 4)				
Common			Code V	⁷ Amount 1,286.83	(D)	Price \$					
Stock	05/21/2010		А	(1)	А	» 11.6481	77,470.4908	D			
Stook						11.0 101					

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)

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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. Transact: Code (Instr. 8)	 6. Date Exercisable and ctionNumber Expiration Date of (Month/Day/Year) 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr	
			Code V	ŕ		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
PACKARD JAMES L 2400 S. 44TH STREET MANITOWOC, WI 54220								
Signatures								
Maurice Jones, by Power of Attorney		05/25/2010)					

**Signature of Reporting Person

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) Common Stock Units acquired in transactions exempt under Rule 16b-3(d) under the Company's Deferred Compensation Plan. This Plan provides for tax withholding rights.

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.