Edgar Filing: LIPSON BRIAN - Form 4

LIPSON BR	IAN											
Form 4												
January 09, 2	2006											
FORM	14					~~~ .			OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287 January 31, 2005		
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERSHIP (Expires:			
									Estimated average			
Section 1				SECUR	ITIES				burden hours per			
Form 4 o Form 5		urcuant to	Section 1	6(a) of the	a Securit	ios F	vehana	e Act of 1934,	response	0.5		
obligation	ns Section 17						•	7 1935 or Section	n			
may cont See Instru	inue.			vestment	•	· ·						
1(b).	iction	()			1	5						
(Print or Type F	Responses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
LIPSON BRIAN Symbo				-				Issuer				
			TRIZEC	C PROPE	RTIES I	NC ['	TRZ]	(Chec	k all applicable)		
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(chici	ii uii uppiiouoio	,		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~		h/Day/Year)				Director 10% Owner				
			01/05/2	006				XOfficer (give titleOther (specify below) below)				
INC., 10 S. SUITE 110(RIVERSIDE PI	LAZA,						EVP & Chi	ef Investment (Officer		
SUILTIN												
	(Street)			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
CHICAGO,	IL 60606							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of Securities	6. Ownership			
Security (Instr. 3)	(Month/Day/Year	· · · · · · · · · · · · · · · · · · ·			f Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Form: Direct Indire (D) or Benef	Indirect Beneficial		
(Instr. 3) any (Month/Day/Year)			(Instr. 8)				Beneficially Owned		Ownership			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common						_	\$					
Stock	01/05/2006			F	1,323	D	23.06	12,154 <u>(1)</u>	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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
LIPSON BRIAN C/O TRIZEC PROPERTIES, INC. 10 S. RIVERSIDE PLAZA, SUITE 1100 CHICAGO, IL 60606			EVP & Chief Investment Officer				
Signatures							
/s/ Bansari Shah, by power of							
attorney	01/09/20	06					
<u>**</u> Signature of Reporting Person	Date						
Explanation of Respons	ses:						

* 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) Includes 4,492 restricted stock rights which will be settled solely in shares of common stock.

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.