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HANCOCK JOHN PATRIOT PREMIUM DIVIDEND FUND II

Form 5

December 04, 2006

| December | | | | | | | | 0145 | | A 1 | | |
|--|---|--|--|--|---------------------------|--|---|---|----------------------|------------------------|--|--|
| FOR | M 5 | | | | | | | | APPROV <i>i</i> | ٩L | | |
| UNITED STATES SECURITIES AND EXCHANGE CO | | | | | | COMMISSION | OMB Number: | 3235 | -0362 | | | |
| | Check this box if washington, D.C. 20549 | | | | | | Expires: | January | | | | |
| to Sect | • | ANINITIAT | | | | TAL DES | | · | avorago | 2005 | | |
| | Form 4 or Form 5 obligations ANNUAL STATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES | | | | | | NEFICIAL Estimated average burden hours per | | | | | |
| may co | ntinue. | | OWNERS | 111 ()1 | BECOKI | 11125 | | response. | | 1.0 | | |
| 1(b). | Holdings Sected | aion 17(a) of the | | ty Hold | ing Compa | any Act of | ge Act of 1934, f 1935 or Sectio 40 | n | | | | |
| 1. Name and GREENE | 2. Issuer Nan Symbol | HANCOCK JOHN PATRIOT PREMIUM DIVIDEND FUND II | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| | | | | | | PREMIUN | (Check all applicable) | | | | | |
| | | | [pdt] | | | | Director | | % Owner | | | |
| (Last) | (Last) (First) (Middle) | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | | | | _X_ Officer (give title Other (specify below) | | | | |
| | | | 10/31/2006 | | | | VP, the Adviser | | | | | |
| | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting | | | | | | |
| | | | T Hea(Monday) | ouy/ 1 cur) | | | (chec | k applicable lin | e) | | | |
| Â | | | | | | | _X_ Form Filed by Form Filed by ! Person | | | | | |
| (City) | (State) | (Zip) | Table I | - Non-D | erivative Sec | curities Acc | quired, Disposed of | f, or Beneficia | ally Owne | ed | | |
| 1.Title of | | on Date 2A. Dee | | | 4. Securitie | | | 6. Ownership | 7. Natur | e of | | |
| Security (Instr. 3) | (Month/Day | y/Year) Execution any | on Date, if Tra | nsaction le | Acquired (Disposed of | | | Form: Direct (D) or | Indirect Benefici | al | | |
| , , | | | Day/Year) (Ins | str. 8) | (Instr. 3, 4 | | Owned at end 1 | Indirect (I) | Ownersl | - | | |
| | | | | | | (A) | of Issuer's (Fiscal Year | (Instr. 4) | (Instr. 4) |) | | |
| | | | | | Amount | or (D) Price | (Instr. 3 and 4) | | | | | |
| | | | | | Timount | (2) | | | | | | |
| | | arate line for each ed directly or indi | ectly. co | ntained | d in this for | m are not | collection of infor required to resp valid OMB contro | ond unless | SEG | C 2270 (9-02) | | |
| | | | rivative Securit g., puts, calls, w | | | | eneficially Owned curities) | | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Da (Month/Day/Yea | | | 4. Transaction | 5. Number | 6. Date Exercisable Expiration Date | | le and unt of | 8. Price of Derivative | | |

of

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Year) | (Instr. 8) | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Securitie (Instr. 3 a | | (Instr. 5) |
|------------|------------------------------|------------------|------------|--|---------------------|--------------------|-----------------------|-------|------------|
| | | | | (A) (D) | Date Exercisable | Expiration Date | or Nu of | umber | |

B O E

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|-----------------|-------|--|--|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | | | |
| GREENE HOWARD C | Â | Â | VP, the Adviser | Â | | | | |
| A | | | | | | | | |

Signatures

Howard Greene 05/15/2006

**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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2