Edgar Filing: AMPHENOL CORP /DE/ - Form 4

AMPHENOL CO	ORP /DE/										
Form 4 October 03, 2006	ζ.										
									OMB A	PPROVAL	
FORM 4	TATES	ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES 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						irs per					
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> SECORD DEAN H			2. Issuer Name and Ticker or Trading Symbol AMPHENOL CORP /DE/ [APH]					5. Relationship of Reporting Person(s) to Issuer			
		• • • •				[APH]	l	(Chec	ck all applicabl	e)	
(Last) (First) (Middle) 87 DINGLETOWN ROAD			3. Date of Earliest Transaction (Month/Day/Year) 10/02/2006					_X_Director10% Owner Officer (give titleOther (specify below)below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
GREENWICH, CT 06830-3516 Form filed by More Person					More than One R	eporting					
(City)	(State) (Z	Zip)	Table	e I - Non-Do	erivative S	ecurities	s Acqu	uired, Disposed o	f, or Beneficia	lly Owned	
	Transaction Date fonth/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A Common Stock								1,000	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)

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (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
Phantom Stock	\$ 0 <u>(1)</u>	10/02/2006		А	204.97	(2)	(2)	Class A Common Stock	204.97
Stock Option	\$ 32.36					05/27/2005	05/27/2014	Class A Common Stock	4,000
Stock Option	\$ 41.92					05/26/2006	05/26/2015	Class A Common Stock	4,000
Stock Option	\$ 53.73					05/25/2007	05/25/2016	Class A Common Stock	4,000

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting O wher I tunie / I turiess	Director	10% Owner	Officer	Other			
SECORD DEAN H 87 DINGLETOWN ROAD GREENWICH, CT 06830-3516	Х						
Signatures							
Edward C.	10/03/200	6					

Edward C. Wetmore, POA	10/03/200
**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) Phantom Stock Units convert to Class A Common Stock on a one-for-one basis.

Under the Amphenol Corporation Directors' Compensation Plan, the Reporting Person is entitled to receive shares of Class A Common

(2) Stock on a one-for-one basis upon the later of the first day of the year following the Reporting Person's retirement or separation from the Board of Directors or six months after such event.

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.