

CAMBEX CORP  
 Form 3  
 February 16, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Cavanagh Shawn		(Month/Day/Year)	CAMBEX CORP [CBM]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/07/2006		
ONE MEADOWLANDS PLAZA			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Other
EAST RUTHERFORD,Â NJÂ 07073			(give title below)	(specify below)
(City)	(State)	(Zip)	Senior VP/GM, Biopharma	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,989	I	401(k) Plan

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	07/23/2009	Common Stock	1,000	\$ 26.9375	D	Â
Stock Option (Right to Buy)	Â (1)	07/27/2010	Common Stock	2,500	\$ 44.1875	D	Â
Stock Option (Right to Buy)	Â (1)	10/26/2010	Common Stock	2,500	\$ 34.75	D	Â
Stock Option (Right to Buy)	Â (2)	04/24/2010	Common Stock	2,250	\$ 18.675	D	Â
Stock Option (Right to Buy)	Â (2)	08/23/2011	Common Stock	3,400	\$ 21.9025	D	Â
Stock Option (Right to Buy)	Â (2)	07/25/2012	Common Stock	3,400	\$ 20.72	D	Â
Stock Option (Right to Buy)	Â (2)	10/27/2012	Common Stock	50,000	\$ 18.295	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Cavanagh Shawn ONE MEADOWLANDS PLAZA EAST RUTHERFORD, NJ 07073	Â	Â	Â		Senior VP/GM, Biopharma

## Signatures

Linda Kresse for Shawn Cavanagh  
by POA

02/16/2006

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) Exercisable in increments when the publicly traded share price reached a certain price.

(2) First one-quarter of said grant to become exercisable in whole or in part one year from the date of grant, with a further one quarter of each such grant becoming exercisable in whole or in part on each of the next three anniversaries of such grant date.

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.