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MATHENY	ROBERT G									
Form 4										
January 07, 2	2005									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer CTLATED (EDUTE OF CHANCES IN DEDUFFICIAL ON DEDUF						Expires:	January 31,			
subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNER					NERSHIP OF	Estimated a	2005 verage	
Section 1		SECURITIES						burden hours per		
Form 4 o Form 5			$1((.), f_{4})$		F		- A - + - £ 1024	response	0.5	
obligation	n o *	suant to Section				•	E Act of 1934, 1935 or Section	•		
may cont	inue.	30(h) of the	•	•	· ·			1		
See Instru 1(b).	uction	56(11) 61 110	mvestment	compan	ly 110	101174	0			
-(-).										
(Print or Type F	Responses)									
		_ *								
1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
MATHENY ROBERT G							155001			
			CO INC [-			(Chec	k all applicable)	
(Last)	(First) (N		of Earliest Tr	ransaction			V D	100	0	
160 EXETER DRIVE			(Month/Day/Year) 01/06/2005				_X_ Director10% Owner _X_ Officer (give title Other (specify			
		01/00	2005				below)	below)		
								rman and CEO		
	(Street)		nendment, Da	-	1		6. Individual or Jo	int/Group Filin	g(Check	
Filed			led(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
WINCHESTER VA 22603-8605 — Form filed by More that										
							Person			
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, i	f Transaction Code	on(A) or D (Instr. 3,	-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/Day/Yea		(iiisu. <i>3</i> ,	4 anu	5)	Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)			
			Code V	A	or	Deiss	(Instr. 3 and 4)			
Common				Amount	(D)	Price \$				
Stock	01/06/2005(1)	01/06/2005	S	200	D	φ 49.93	1,201,700 <u>(2)</u>	D		
20001										

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)	4. Transac Code (Instr. 8	Securities Acquired (A) or Disposed of (D)	3	Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
I S S S S S S S S S S S S S S S S S S S	Director	10% Owner	Officer	Other			
MATHENY ROBERT G 160 EXETER DRIVE WINCHESTER, VA 22603-8605	Х		Chairman and CEO				
Signatures							

Lynn E.	
MacDonald	01/07/2005
<u>**</u> 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).

Does not include Indirect Beneficial Ownership of 1000 shares by wife. Mr. Matheny disclaims beneficial ownership of these securities,(2) and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

(1) Additional transactions for this date are continued on a second Form 4 filing.

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.