

Edgar Filing: NEON SYSTEMS INC - Form 5

NEON SYSTEMS INC
 Form 5
 May 15, 2001

1

 FORM 5

 OMB APPROVAL

OMB Number: 3235-0362
 Expires: December 31, 2001
 Estimated average burden
 hours per response.... 1.0

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, DC 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- [] CHECK BOX IF NO LONGER SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1(b).
- [] FORM 3 HOLDINGS REPORTED
- [] FORM 4 TRANSACTIONS REPORTED

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol	6. Rel
Reed	Jonathan	J.	NEON Systems, Inc. (NESY)	Iss
(Last)	(First)	(Middle)		
14100 Southwest Frwy, Suite 500			3. IRS or Social Security Number of Reporting Person (Voluntary)	4. Statement for Month/Year
(Street)				
Sugar Land	TX	77478		5. If Amendment, Date of Original th/Year)
(City)	(State)	(Zip)		7. I

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIAL

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3. Transac- tion Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities B cially Own end of Iss Fiscal Yea (Instr. 3
			Amount (A) or Price	

Edgar Filing: NEON SYSTEMS INC - Form 5

9. Number of Derivative Securities Beneficially Owned at End of Year (Instr. 4)	10. Ownership of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
---	--	--

87,355

D

Explanation of Responses:

(1) Option granted under the issuer's 1999 Long-Term Incentive Plan which vest as follows: 5,000 equally in 1,250 share increments over twelve (12) quarters.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations.
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/

**Si

*As

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.