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STONERIDO	GE INC										
Form 4	-										
July 25, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							r	OMB APPROVAL			
		LD STATE		hington,			IGE (_01v11v1155101N	OMB Number:	3235-0287	
Check thi	is box		vv as	migton,	D.C. 203					January 31,	
if no long		EMENT O	F CHAN	GES IN I	RENEFI	СТАТ	OW	NERSHIP OF	Expires:	2005	
subject to Section 1)		r chan	GES IN BENEFICIAL OWNE SECURITIES					Estimated average		
Form 4 or				SECONTIES					burden hours per response 0.5		
Form 5		pursuant to	Section 10	5(a) of the	e Securiti	es Ex	chang	e Act of 1934,	1esponse 0		
obligation	ns Section	-					-	f 1935 or Sectio	n		
may cont See Instru	inue.) of the In	•	.						
1(b).	iction		,								
(Print or Type F	Responses)										
1 Nama and A	ddrass of Danart	ing Dorson *	. .					5 Deletionship of	Paparting Dar	son(s) to	
				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symbol			ERIDGE INC [SRI]								
								(Chec	ck all applicable	e)	
(Last)	(First)	(Middle)		Earliest Tra	ansaction				100		
	V ENCINEE	DED	(Month/D	•				Director X_ Officer (give		o Owner er (specify	
C/O POLLAK ENGINEERED 07/23/20 PRODUCTS GROUP, 300 DAN				2006				below)	below)	below)	
ROAD	5 GROOT, 50	0 DAN						E	VP and COO		
Rond	(Etwaat)		4 10 4	1 (D					·	(61 1	
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check				
							Applicable Line) _X_ Form filed by One Reporting Person				
CANTON, I	MA 02021							Form filed by M	More than One Re		
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execution Date, if any (Month/Day/Year)			Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Securities	Form: Direct		
(Instr. 3)								Beneficially Owned	× /	Beneficial Ownership	
		(ivionui	/Day/Teal)	(111501.0)	(111501. 5, -	+ allu .))	Following	(Instr. 4)	(Instr. 4)	
						(Λ)		Reported	. ,		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common											
Shares,	07/23/2006			А	33,750	А	\$0	125,338	D		
without par	0112012000			11	(1)	11	ψυ	120,000	D		
value											

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

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
i g	Director	10% Owner	Officer	Other				
Mosel Edward F C/O POLLAK ENGINEERED PRODUCTS 300 DAN ROAD CANTON, MA 02021	GROUP		EVP and COO					
Signatures								
Robert M. Loesch, by power of attorney	07/25/2006							
<u>**</u> Signature of Reporting Person	Date							

**Signature of Reporting Person

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).
- Restricted Common Shares granted to the Reporting Person pursuant to the Company's Long-Term Incentive Plan: 13,500 shares vest and (1) will no longer be subject to forfeiture on July 23, 2009 and, depending on the Company's performance, 20,250 shares vest and will no longer be subject to forfeiture on July 23, 2009.

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.