Edgar Filing: Prochazka Scott M - Form 4

| Prochazka Sc Form 4 | | | | | | | | | | | |
|---|---|---|--|---|------------------------|----------------|---|---|--|---|--|
| January 23, 2 FORM | Л | STATES | | | | | NGE (| COMMISSION | | PPROVAL 3235-0287 | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b). | er STATEN 5. Filed pu ^s Section 17 | STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940 | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | | |
| Prochazka Scott M Symbol | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Me | | | (Month/D | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2012 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Sr VP - Div Pres | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| HOUSTON, | TX 77002 | | | | | | | Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ace | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, i | | on Date, if | Code Disposed of (D) | | | | SecuritiesHBeneficially(OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 01/19/2012 | | | Code V A | Amount 2,300 (1) | or (D) A | Price (2) | (Instr. 3 and 4) 15,448 | 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)

Reporting Owners

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | |
|--|------------|---------------|------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Prochazka Scott M 1111 LOUISIANA HOUSTON, TX 77002 | | | Sr VP - Div Pres | | | | | | |
| Signatures | | | | | | | | | |
| Scott M. Prochazka | 01/23/2012 | | | | | | | | |
| **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) Gross number of shares of time-based stock (with performance goal) awarded for 2009-2011 cycle under Long Term Incentive Plan.
- (2) Price is not applicable.

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.