## Edgar Filing: VALERO ENERGY CORP/TX - Form 4

Form 4 May 16, 20 FORM	<b>VI 4</b> this box nger to 16. or Filed pu Section 17	STATES SI MENT OF C rsuant to Sect (a) of the Pub	tion 16(a) of t	n, D.C. 20 N BENEFI RITIES the Securit	549 ICIA ies E	L OWNE xchange A Act of 19	RSHIP OF	OMB Number: Expires: Estimated av burden hour response	
(Print or Type	e Responses)								
1. Name and	Address of Reporting WILLIAM R	Sy V.	. Issuer Name <b>ar</b> mbol ALERO ENE 'LO]			Iss	Relationship of F uer (Check	Reporting Perso all applicable)	
(Last) (First) (Middle) 3. Date (Month			Date of Earliest ' lonth/Day/Year) 5/14/2007	Transaction			X_ Director 10% Owner X_ Officer (give title Other (specify low) below) COB and CEO		
SAN ANT	If Amendment, I ed(Month/Day/Ye	Ionth/Day/Year) Ap				Individual or Joint/Group Filing(Check oplicable Line) (_ Form filed by One Reporting Person _ Form filed by More than One Reporting rson			
(City)	(State)	(Zip)	Table I - Non	-Derivative	Securi		ed, Disposed of,	or Beneficiall	v Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. e, if Transactio Code		es Acq f (D)	uired (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$.01 par value	05/14/2007		Code V	Amount 134,800	(D) A	Price \$ 9.1512	(Instr. 3 and 4) 715,586	D	
Common Stock, \$.01 par value	05/14/2007		S	134,800	D	\$ 73.5909	580,786	D	
Common Stock, \$.01 par value	05/14/2007		М	5,144	A	\$ 9.1512	585,930	D	

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Common Stock, \$.01 par value	05/14/2007	S	5,144	D	\$ 73.5909	580,786	D
Common Stock, \$.01 par value	05/14/2007	М	1,384	A	\$ 11.5525	582,170	D
Common Stock, \$.01 par value	05/14/2007	S	1,384	D	\$ 73.5909	580,786 <u>(1)</u>	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)

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Employee Stock Option (right to buy)	\$ 9.1512	05/14/2007		М		134,800	12/31/2001	12/01/2008	Common Stock	134,8
Employee Stock Option (right to buy)	\$ 9.1512	05/14/2007		М		5,144	12/31/2001	02/07/2010	Common Stock	5,14
Employee Stock option (right to buy)	\$ 11.5525	05/14/2007		М		1,384	12/22/2005	02/07/2010	Common Stock	1,38

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KLESSE WILLIAM R P.O. BOX 696000 SAN ANTONIO, TX 78269-6000	Х		COB and CEO					
Signatures								
J. Stephen Gilbert, as Attorney-in- Klesse	05/16/2007							
<u>**</u> Signature of Reporting	Date							
Explanation of Resr	onse							

## 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) The 580,786 amount does not include 23,151.6150 shares indirectly owned by the reporting person in a thrift plan.

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.