

Edgar Filing: TINKLER PHILIP - Form 3

TINKLER PHILIP  
Form 3  
February 05, 2003

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OMB APPROVAL  
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OMB Number 3235-0104  
Expires: January 31, 2005  
Estimated average burden  
hours per response ..... 0.5  
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U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C.  
20549

FORM 3

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person\*

Tinkler Philip

-----  
(Last) (First) (Middle)

Two North Riverside Plaza, Suite 600

-----  
(Street)

Chicago Illinois 60606

-----  
(City) (State) (Zip)

-----  
2. Date of Event Requiring Statement (Month/Day/Year)

January 27, 2003

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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

-----  
4. Issuer Name AND Ticker or Trading Symbol

Danielson Holding Corporation (DHC)

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5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

☐ Director ☐ 10% Owner ☒ Officer (give title below) ☐ Other  
(specify below)

Chief Financial Officer

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6. If Amendment, Date of Original (Month/Day/Year)

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7. Individual or Joint/Group Filing (Check Applicable Line)

☒ Form Filed by One Reporting Person

☐ Form Filed by More than One Reporting Person

Table I -- Non-Derivative Securities Beneficially Owned

3. Ownership Form:  
2. Amount of Securities Direct (D) or  
1. Title of Security Beneficially Owned Indirect (I) 4. Nature of Indirect  
Beneficial Ownership (Instr. 4) (Instr. 4) (Instr. 5) (Instr. 4)

|                              |        |   |
|------------------------------|--------|---|
| Common Stock par value \$.10 | 11,900 | D |
|------------------------------|--------|---|

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

\* If the form is filed by more than one reporting person, see Instruction 5(b) (v) .

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 CONTROL NUMBER.

(Over)

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FORM 3 (continued)

TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED  
(e.g., puts, calls, warrants, options, convertible securities)

=====

5. Owner-

3. Title and Amount of  
Securities ship  
Underlying Derivative  
Security Form of

2. Date Exercisable (Instr. 4) Derivative and  
Expiration Date ----- 4.  
Conver- Security: (Month/Day/Year) Amount sion or  
Direct 6. Nature of

| 1. Title of Derivative<br>Security (Instr. 4) | Date<br>Exer-<br>cisable | Expira-<br>tion<br>Date | Title | or<br>Number<br>of<br>Shares | Exerc<br>Price<br>Deriv<br>Secur |
|-----------------------------------------------|--------------------------|-------------------------|-------|------------------------------|----------------------------------|
|-----------------------------------------------|--------------------------|-------------------------|-------|------------------------------|----------------------------------|

|                                                      |         |          |                                 |       |      |
|------------------------------------------------------|---------|----------|---------------------------------|-------|------|
| Option to purchase<br>common stock (right<br>to buy) | 6/12/01 | 12/12/10 | Common Stock<br>par value \$.10 | 5,000 | \$4. |
|------------------------------------------------------|---------|----------|---------------------------------|-------|------|

Explanation of Responses:

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-s- Philip Tinkler

February 5, 2003

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\*\*Signature of Reporting Person

-----  
Date

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

Note: File three copies of this Form, one of which must be manually signed.  
If space provided 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 control number.

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