Edgar Filing: AZZ INC - Form 4

AZZ INC											
Form 4											
August 16, 2	007										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi	is box		V V CCL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 20					January 31,	
if no longer which the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005			
Subject to Section 1	subject to				ITIES				Estimated average		
Form 4 or								burden hours per response 0.5			
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,		0.0	
obligation	ns Section 1	•					-	1935 or Section	n		
may cont <i>See</i> Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type F	Responses)										
1 37 1 4		· • *						5 D 1			
				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symbol											
			AZZ IN	C [AZZ]				(Check	k all applicable)	
(Last)	(First)	(Middle)		Earliest Tr	ansaction						
			(Month/D	•				X Director		Owner (anosify)	
UNIVERSITY CENTRE I, SUITE 08/15/20 200, 1300 SOUTH UNIVERSITY			2007				XOfficer (give titleOther (specify below) below)				
	OUTH UNIV	ERSITY						Chief E	Executive Office	er	
DRIVE											
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check				
							Applicable Line) _X_ Form filed by One Reporting Person				
EODT WOL	TIL TV 7610	7						Form filed by M			
FORT WOR	RTH, TX 7610	//						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Executio	Transaction(A) or Disposed of (D)				Securities	Form: Direct	Indirect		
(Instr. 3)	any (Month/Day/Ye			Code (Instr. 3, 4 and 5) $(1 + 1)$				· · · ·	(D) or) Ownership	
		(Month/)	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	(Instr. 4)	
						(•)		Reported	(1115111-1)	(1110417-1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common							\$				
Stock \$1	08/15/2007			Μ	5,000	А	» 5.545	96,000	D		
Par Value							5.545				

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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			of Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option	\$ 5.545	08/15/2007		М		5,000	03/01/2003	03/01/2013	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DINGUS DAVID H UNIVERSITY CENTRE I, SUITE 200 1300 SOUTH UNIVERSITY DRIVE FORT WORTH, TX 76107	Х		Chief Executive Officer				
Signatures							

Dana Perry	08/16/2007			
<u>**</u> 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).

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.