Edgar Filing: SGNILEK LES - Form 4

| SGNILEK LI | ES | | | | | | | | | | | |
|---|---|-----------|--|---|------------------|---|--------|------------------------|--|--|----------------------|--|
| Form 4 | | | | | | | | | | | | |
| August 24, 20 | _ | | | | | | | | | OMB AI | PPROVAL | |
| FORM | UNITED | STATES S | | | | ND EX(D.C. 205 | | NGE (| COMMISSION | | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations SECURITIES Filed pursuant to Section 16(a) of the Security Section 17(a) of the Public Utility Holding C | | | | | TIES Securiti | NEFICIAL OWNERSHIP OF IES ecurities Exchange Act of 1934, | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| may conti <i>See</i> Instru 1(b). | nue. Section 17(a | | f the Inv | • | | • | · · | | | n | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol PC TEL INC [PCTI] | | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | fiddle) 3 | 3. Date of Earliest Transaction | | | | (Chec | (Check all applicable) | | | | |
| 8725 W. HIC 400 | GGINS ROAD, S | | Month/Da)8/24/20 | - |) | | | | Director X Officer (give below) V | | Owner er (specify | |
| | | | | f Amendment, Date Original d(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CHICAGO, | IL 60631 | | | | | | | | | fore than One Re | | |
| (City) | (State) | (Zip) | Table | I - Non | ı-De | erivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | Code (Instr. 8 | 8) | n(A) or Di (D) | spose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | 08/24/2006 | | | A | · | 3,000 (1) | A | \$ 9.68 | 69,856 | 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)

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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. Transac Code (Instr. 8 | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|------------------------------------|--|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code Y | 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 | | | | | |
| SGNILEK LES 8725 W. HIGGINS ROAD SUITE 400 CHICAGO, IL 60631 | | | VP of Finance | | | | | | |
| Signatures | | | | | | | | | |
| Les Sgnilek | 08/24/2006 | | | | | | | | |
| ****** | D . | | | | | | | | |

<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).
- (1) Restricted stock award with 2 year service based vesting-50% of the shares vest on the first anniversary of the award date and 50% of the shares vest on the second anniversary of the award date.

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.