## Edgar Filing: POND PETER - Form 4

POND PETE	ER												
Form 4	2												
May 22, 201													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									т	APPROVAL			
					nington, D.C. 20549				OMB Number:	3235-0287			
Check thi				sinigton, D.C. 2034)					Expires:	January 31,			
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER				<b>NERSHIP OF</b>		2005			
Section 1		5				SECURITIES				Estimated average burden hours per			
Form 4 or Form 5			с · · · ·		а ···	г	1	A ( C1024	response	response 0.5			
obligation	• · · · · ·							ge Act of 1934, of 1935 or Sectio	n				
may cont	inue.		of the In	•	•				/11				
See Instru 1(b).	iction	00(11)	01 010 111		compun.		01 17						
(Print or Type F	Responses)												
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to													
1. Name and Address of Reporting Person *2. IssuerPOND PETERSymbol				r Name <b>and</b> Ticker or Trading				Issuer	r Keporting r ei	Reporting Person(s) to			
			•	IGANT CONSULTING INC				(Check all applicable)					
			[NCI]										
(Last)	(First) (	(Middle)	3. Date of	Earliest Tra	ansaction			X Director	109	6 Owner			
(Month/D			th/Day/Year)			Officer (give title Other (specify below) below)							
30 S. WACKER DRIVE 05/21/20			.013										
(Street) 4. If Ame			endment, Date Original			6. Individual or Joint/Group Filing(Check							
Filed(Mon				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
CHICAGO,	II 60606							Form filed by I					
CIIICAOO,	12 00000							Person					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned			
1.Title of	2. Transaction Da			3.				5. Amount of	6. Ownership	7. Nature of			
-	Security (Month/Day/Year) Execution Date, if			TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(Instr. 3) any (Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)			Owned	Indirect (I)	Ownership					
								Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common	05/21/2013			A	9,655	(D) A	\$ 0	59,691	D				
Stock					,			,					

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. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
POND PETER 30 S. WACKER DRIVE CHICAGO, IL 60606	Х							
Signatures								
Monica M. Weed, as attorney i Pond	05/	05/22/2013						
<u>**</u> Signature of Reporting Po		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.