Edgar Filing: Haines John J - Form 4/A

Haines John.	J										
Form 4/A											
February 24,	2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box								Expires:	January 31	
if no long		EMENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	2005		
subject to STATEMENT OF CHAN Section 16. Form 4 or				SECUR	ITIES	Estimated average burden hours per					
Form 5		urguant to	Section 1	5(a) of the	Securiti	es F	vchan	ge Act of 1934,	response	0.5	
obligation	¹⁸ Section 1							of 1935 or Section	n		
may conti	inue.	• •		vestment (U)II		
See Instru 1(b).	iction	50(11)	or the m	(estiment)	compun	<i>y</i> 1101	. 01 17	10			
-(-).											
(Print or Type R	Responses)										
Hainaa Jahn J				Name and	Ticker or '	Tradin	g	5. Relationship of Reporting Person(s) to Issuer			
Tunies John	5		Symbol	LIN ELE	CTDIC		NC				
			[fele]				NC .	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	arliest Transaction			Director 10% Owner			
			h/Day/Year)				X_ Officer (give title Other (specify below) below)				
11129 CARI	NOUSTIE LA	NE	04/14/20	008				· · · · · · · · · · · · · · · · · · ·	President & CF	0	
	(Street)		4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mc				th/Day/Year)				Applicable Line)			
FORT WAY	NE, IN 46814	1	11/16/20	008				_X_ Form filed by Form filed by I Person	One Reporting Pe More than One Re		
$(C;t_{x})$	(Stata)	(7:a)									
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date 2A. De							5. Amount of		7. Nature of	
Security	(Month/Day/Ye	ar) Executio any	n Date, if	1 ()				Form: Direct	Indirect Papaficial		
(Instr. 3)							Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(intention	Suj/ I cui)	(msu: o)	(msu: 5,	i una	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. <i>5</i> and 4)			
common stock	04/14/2008			А	8,000	А	<u>(1)</u>	8,000	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)

(Month/Day/Year)

3. Transaction Date 3A. Deemed

any

		Code	V	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
option	\$ 40.45				(2)	05/01/2018	common stock	10,000

4.

Code

(Instr. 8)

5.

of

Derivative

Securities

Acquired (A) or Disposed of (D) (Instr. 3,

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and Amount

of Underlying

(Instr. 3 and 4)

Securities

8. Price

Derivat

Security

(Instr. 5

Reporting Owners

1. Title of

Derivative

Security

(Instr. 3)

2.

Conversion

or Exercise

Derivative

Price of

Security

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Haines John J 11129 CARNOUSTIE LANE FORT WAYNE, IN 46814			Vice President & CFO					
Signatures								
John J. Haines 02	2/24/2009							

<u>**</u>Signature of Date Reporting Person

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 shares vest at the end of four years.
- (2) The options become exercisable in four equal installments of 1/4 each year, beginning on the first anniversary of the grant 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.

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Execution Date, if

(Month/Day/Year)