TRUST FBO ALTSCHUL STEPHEN F UW ALTSCHUL F

Form 5 January 22, 2010

January 22, 2	2010											
FORN	15								OMB AF	PROVAL		
					MMISSION	OMB Number:	3235-0362					
Check this no longer		Washington, D.C. 20549						Expires:	January 31, 2005			
to Section Form 4 or 5 obligatio may contin <i>See</i> Instruc	Form ANN ons nue.	ATEMENT OF CHANGES IN BENEFI OWNERSHIP OF SECURITIES					FICIAL	Estimated a burden hour response	verage			
1(b).	Filed purs	a) of the l	Public U		ig Compa	any A	Act of 19	Act of 1934, 935 or Sectior	1			
TRUST FB	Address of Reporting I O ALTSCHUL F UW ALTSCHU	2. Issuer Name <b>and</b> Ticker or Trading Symbol GENERAL AMERICAN INVESTORS CO INC [GAM]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009					elow)	title <u>X</u> Othe below)			
	BROOK MENT CORP, 1 D STREET SUITI							Trustee/	President & CF	ΞO		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)				
NEW YOR	K, NY 10168-	2500						K_ Form Filed by C _ Form Filed by M prson				
(City)	(State)	(Zip)	Tabl	e I - Non-Der	ivative See	curitie	es Acquir	ed, Disposed of	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date       2A. Deemed       3.       4. Securities Acq         (Month/Day/Year)       Execution Date, if any       Transaction Code       (A) or Disposed of (Instr. 3, 4 and 5)         (Month/Day/Year)       (Month/Day/Year)       (Instr. 8)       (A)		d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
Common Stock	12/28/2009	Â		J <u>(1)</u>	Amount 78	or (D) A	Price \$ 22.86	4) 5,191	D	Â		
5.95% Preferred Stock	Â	Â		Â	Â	Â	Â	2,000	D	Â		

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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.

Date

SEC 2270 (9-02)

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/Year)		Under	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Secur	ities	(Instr. 5)	Se
	Derivative				Securities	rities		(Instr	. 3 and 4)		В
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Director	10% Owner	Officer	Other			
TRUST FBO ALTSCHUL STEPHEN F UW ALTSCHUL F C/O OVERBROOK MANAGEMENT CORP 122 EAST 42ND STREET SUITE 2500 NEW YORK, NY 10168-2500	Â	Â	Â	Trustee/President & CEO			
Signatures							
/s/Spencer Davidson, Trustee, Trust FBO Stephen F. Altschul, U/W F. Altschul			01/22	2/2010			

\*\*Signature of 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) Shares issued in payment of dividends.

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 number.