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| EDISON IN Form 4 November 2 | TERNATIONAL | | | | | | | | | |
|--|---|--|---|------------|-----------|---|---|--|------------------------------|--|
| | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check th if no long | aer. | STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | Expires: | January 31, 2005 | |
| subject to Section 1 Form 4 o Form 5 | 6. r | | | | | | | Estimated a burden hou response | average urs per | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and A ROSSER JA | Symbol | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (Middle) | 3. Date of Earlies | | | | | (Check all applicable) | | | |
| CALIFORN UNIVERSI UNIVERSI | (Month/Day/Year 11/22/2006 | Day/Year) 2006 | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | | |
| LOS ANGE | 4. If Amendment, Filed(Month/Day/Y | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) (Zip) | Table I - No | n-De | rivative § | Secur | ities Aca | uired, Disposed of | , or Beneficial | lv Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. (Month/Day/Year) Exe any (Mo | Deemed 3. cution Date, if Transa Code | . 4. Securities Acquired Transaction(A) or Disposed of (D) | | | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| | | Code | V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 11/22/2006 | М | | 2,500 | А | \$ 40.05 | 2,500 | D | | |
| Common Stock | 11/22/2006 | S | | 1,200 | D | \$ 46.17 | 1,300 | D | | |
| Common Stock | 11/22/2006 | S | | 1,300 | D | \$ 46.16 | 0 | D | | |
| Common Stock | | | | | | | 10,100 | Ι | By Rosser Living Trust | |

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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.

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

| 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. Transactic Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | tive Expiration Date s (Month/Day/Year) | | 7. Title and Amour Underlying Securit (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|--|---------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo or Num of Share |
| Non-Qualified Stock Options (right to buy) | \$ 40.05 | 11/22/2006 | | М | 2,500 | 04/27/2006 | 04/27/2016 | Common Stock | 2,5 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| ROSSER JAMES M CALIFORNIA STATE UNIVERSITY, LA 5151 STATE UNIVERSITY DRIVE LOS ANGELES, CA 90032 | х | | | | | |
| Signatures | | | | | | |
| /s/ Rosser, 11/27/2006 | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

11/27/2006

Date

** 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.

James M.

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