Edgar Filing: CHELETTE DAVID N - Form 4

Form 4	DAVID N								
November 02	2, 2007								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM					COMMISSION		PPROVAL		
Check thi	is how	Wa	shington,	D.C. 205	49		Number:	3235-0287	
if no long	ar	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						January 31 2005	
subject to Section 10 Form 4 or Form 5	6. r		SECURITIES Section 16(a) of the Securities Exchange				Estimated burden hou response	irs per	
obligatior may conti <i>See</i> Instru 1(b).	$\frac{18}{1000}$ Section 17(a)) of the Public U 30(h) of the In	tility Hold	ling Com	pany Act o	f 1935 or Sectio	on		
(Print or Type R	Responses)								
1. Name and A CHELETTE	Symbol HUNT	HUNT J B TRANSPORT			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			SERVICES INC [JBHT] 3. Date of Earliest Transaction			Director 10% Owner			
(Last) 615 J.B. HU DRIVE	INT CORPORATI	(Month/	Day/Year)	ansaction		Officer (give below)	e titleX Otl below) /P, Treasurer		
			Amendment, Date Original d(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LOWELL, A						Form filed by I Person	More than One R	eporting	
(City)	(State) (Z	Zip) Tab	le I - Non-D	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code) (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				ount	(2) 1100	8,960	D		
Common Stock 401(k)						10,959	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.

Edgar Filing: CHELETTE DAVID N - Form 4

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. Transacti Code (Instr. 8)	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Dat	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	· (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock	\$ 0					07/15/2012	08/15/2016	Common Stock	3,000	
Restricted Stock	\$ 0	11/01/2007	11/01/2007	A <u>(1)</u>	2,500	07/15/2014	08/15/2015	Common Stock	2,500	
Right to Buy Stock Option	\$ 4.42					06/01/1999	11/17/2009	Common Stock	800	
Right to Buy Stock Option	\$ 5.585					06/01/2002	02/07/2013	Common Stock	18,800	
Right to Buy Stock Option	\$ 7.08					06/01/2004	10/24/2013	Common Stock	13,334	
Right to Buy Stock Option	\$ 12.2					06/01/2007	10/23/2014	Common Stock	12,000	
Right to Buy Stock Option	\$ 20.365					06/01/2012	10/21/2015	Common Stock	12,000	

Reporting Owners

Reporting Owner Name / Address		Relat		
	Director	10% Owner	Officer	Other
CHELETTE DAVID N 615 J.B. HUNT CORPORATE DRIVE LOWELL, AR 72745				VP, Treasurer

Signatures

Debbie Willbanks

11/02/2007

**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).

The Restricted Stock award, approved by the Company's Compensation Committee, vests over a seven-year period. There is no purchase
 (1) price required by the recipient in connection with this award. Termination of the recipient's employment for any reason other than death or disability shall result in forfeiture of the award on the date of termination.

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.