Edgar Filing: ADTRAN INC - Form 4/A

ADTRAN I	NC										
Form 4/A											
March 13, 2	.007										
FORM	ΛΔ								PPROVAL		
	UNITED	STATES S		RITIES A shington			COMMISSION	N OMB Number:	3235-0287		
Check this box							Expires:	January 31,			
if no longer subject to STATEMENT OF CHA				GES IN	BENEF	•	2005				
Section 16. SECURITIES						Estimated average burden hours per					
Form 4 or								response			
Form 5 obligation	^						nge Act of 1934,				
may con				•	•	• •	of 1935 or Section	on			
See Inst		30(h) of	f the Ir	nvestment	Compar	y Act of 1	940				
1(b).											
(Print or Type	Responses)										
(I fint of Type	(Kesponses)										
1. Name and	Address of Reporting	Person *	2 Icone	er Name an o	I Ticker or	Trading	5. Relationship of	of Reporting Per	son(s) to		
						Traunig	Issuer	in responsing r er	551(5) 65		
5			Symbol ADTRAN INC [ADTN]								
							(Check all applicable)				
(Last)	(First) (3. Date of Earliest Transaction				V Dimeter	100	7 O		
			(Month/Day/Year) 12/31/2006				X_ Director 10% Owner Officer (give title Other (specify				
							below)	below)	below)		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Fi				nth/Day/Yea	r)		Applicable Line)				
01/03/2007 _X_Form filed by							One Reporting Person Iore than One Reporting				
HUNTSVI	LLE, AL 35806-2	2807					Person	whole than one R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed	of. or Beneficia	llv Owned		
1.Title of	2. Transaction Date	24 Deemed		3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Da		TransactionAcquired (A) or Code Disposed of (D)				Form: Direct	Indirect		
(Instr. 3)		any	,				Beneficially	(D) or Indirect			
		(Month/Day/	(Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned	(I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A)	Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
					mount						
Reminder: Re	port on a separate line	e for each class	s of secu	urities benet	ficially own	ned directly o	or indirectly.				
					Dorco	ne who ree	nond to the colle	ation of a	SEC 1474		

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amo
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Secu
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired		

	Derivative Security				 (A) or Disposed of (D) (Instr. 3, 4, and 5) 					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Ai or Nu of Sh
Non-qualified stock option (right to buy)	\$ 22.7	12/31/2006	А		5,000		12/31/2007 <u>(1)</u>	12/31/2016	Common stock	5
—										

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
NORTH JAMES L 901 EXPLORER BLVD. HUNTSVILLE, AL 35806-2807	Х			
Signatures				
Cathy Bartels for James L. North	03/	13/2007		
**Signature of Reporting Person	1	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).
- (1) Option is 100% vested on first anniversary date of grant.

Remarks:

This Form 4 is being amended to correct the transaction date, date exercisable and expiration date, which were reported incorr

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.