Edgar Filing: Blakemore Ralph T. - Form 4

Blakemore F	Ralph T.										
Form 4											
May 13, 201	.0										
FORM	14		CECUD			(TT A N		COMMISSION	т	PPROVAL	
	UNITED	SIAIE		hington,			NGE (LOWINISSION	OMB Number:	3235-0287	
Check th	is box		vv as	anngton,	D.C. 205	949				January 31,	
if no long	- NIATH	MENT O	F CHAN	GES IN I	BENEFI	CIAI	OW	NERSHIP OF	Expires:	2005	
subject to Section 1	0			GES IN BENEFICIAL OWN SECURITIES					Estimated average		
Form 4 c				SECOMILS					burden hours per response 0.5		
Form 5	Filed pu	rsuant to	Section 10	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,	100001100111	0.0	
obligatio may cont	ns Section 17						•	f 1935 or Sectio	n		
See Instr		30(h)	of the In	vestment	Company	Act	of 194	40			
1(b).											
(Print or Type]	Responses)										
1 Name and A	Address of Reporting	Person *	2 1	N	T:-17			5. Relationship of	f Reporting Per	son(s) to	
			Symbol	er Name and Ticker or Trading				Issuer			
			-	BOX CO	ORP (BB)	OXI					
(Lest)	(First)	(Middle)			-	<u> </u>		(Cheo	ck all applicable	e)	
(Last)	(First)	(Wildule)	(Month/D	Earliest Tr	ansaction			X Director	10%	Owner	
1000 PARK	K DRIVE		05/11/20	-				XOfficer (give	e title Oth	er (specify	
			00,11,2					below)	below) sident and CEO		
	(Stars at)		4 70 4	1							
	(Street)			ndment, Da th/Day/Year)	-			6. Individual or Jo	oint/Group Filii	1g(Check	
			rneu(mon	ui/Day/Tear)			Applicable Line) _X_ Form filed by	One Reporting Pe	erson	
LAWRENCE, PA 15055								Form filed by More than One Reporting			
		(T !)						Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ies Acc	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year		on Date, if	Transactio Code	on(A) or Dis	sposed	l of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(11180.5)		any (Month/	/Day/Year)	(Instr. 8)	(D) (Instr. 3, 4	4 and 3	5)	Owned	Indirect (I)	Ownership	
		X		((Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	,,			
Common Stock					16,000		\$0				
Stock, \$.001 par	05/11/2010			А	(1)	А	5 U (1)	32,000	D		
value					<u> </u>		<u> </u>				

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.

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Blakemore Ralph T. 1000 PARK DRIVE LAWRENCE, PA 15055	Х		President and CEO				
Signatures							

/s/ Ralph T. Blakemore	05/12/2010			
**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) Grant of restricted stock units under the Black Box Corporation 2008 Long-Term Incentive Plan. 1/3 of the restricted stock units vest on the 1st anniversary of the date of grant, 1/3 on the 2nd anniversary of the date of grant and 1/3 on the 3rd anniversary of the date of grant.

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.