Pulley Beth B Form 5 January 04, 2010

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Estimated average Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Pulley Beth B Symbol **NORTH AMERICAN** (Check all applicable) **GALVANIZING & COATINGS** INC [NGA] Director 10% Owner Other (specify _X__ Officer (give title (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended below) below) (Month/Day/Year) Vice President & CFO 12/31/2009 5314 S YALE AVENUE SUITE 1000 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) TULSA, OKÂ 74135 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State) (Z	Zip) Table	e I - Non-Deri	vative Sec	uritie	s Acqui	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	(A) of (D) 4 and (A) or)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$.10 par	12/31/2009(1)	Â	J	2,075 (2)	A	\$ (3)	5,837 <u>(4)</u>	I	401k plan
Common Stock, \$.10 par	Â	Â	Â	Â	Â	Â	82,554	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.

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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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	tle and unt of rrlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Pulley Beth B

 Vice President & CFO Â 5314 S YALE AVENUE SUITE 1000 TULSA, OKÂ 74135

Signatures

/s/ Beth B. Pulley (formerly 01/04/2010 Hood)

**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).
 - Contributions made on behalf of the reporting person to the North American Galvanizing Common Stock Fund, under the company's 401
- (1) (k) defined contribution plan, The North American Galvanizing Savings Investment Retirement Plan (The "Plan") during the period January 1, 2009 to December 31, 2009.
- (2) The increase in equivalent shares in the Plan during the period January 1, 2009 to December 31, 2009.
- (3) The price varies since the Plan trustee makes periodic purchases throughout the year.
- (4) Equivalent shares owned by virtue of participation in the Plan through December 31, 2009.

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.

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