Gasiewicz Peter D Form 4 May 15, 2012

#### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL OMB** 

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if no longer subject to Section 16. Form 4 or Form 5

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obligations may continue. See Instruction

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Gasiewicz Peter D Issuer Symbol COLONIAL COMMERCIAL CORP (Check all applicable) [CCOM] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below) 275 WAGARAW ROAD 05/15/2012 President & COO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting HAWTHORNE, NJ 07506 Person

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Indirect (I) Ownership (Month/Day/Year) (Instr. 8) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 05/15/2012 P 7,500 7,500 D Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

#### Edgar Filing: Gasiewicz Peter D - Form 4

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc |            | 7. Titl   |          | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|------------|-----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D  | ate        | Amou      | int of   | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)      | Under     | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |            | Securi    | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     | •                  |            | Securities |               |            | (Instr.   | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |            |           |          |             | Follo  |
|             |             |                     |                    |            | (A) or     |               |            |           |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |            |           |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |            |           |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |            |           |          |             | (      |
|             |             |                     |                    |            | 4, and 5)  |               |            |           |          |             |        |
|             |             |                     |                    |            | .,         |               |            |           |          |             |        |
|             |             |                     |                    |            |            |               |            |           | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration |           | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date       | little IN | Number   |             |        |
|             |             |                     |                    |            |            |               |            |           | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |            |           | Shares   |             |        |

# **Reporting Owners**

| Reporting Owner Name / Address                               | Relationships |           |                 |       |  |  |  |
|--|---------------|-----------|-----------------|-------|--|--|--|
| reporting owner runner runners                               | Director      | 10% Owner | Officer         | Other |  |  |  |
| Gasiewicz Peter D<br>275 WAGARAW ROAD<br>HAWTHORNE, NJ 07506 | X             |           | President & COO |       |  |  |  |

## **Signatures**

Peter D.
Gasiewicz

\*\*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).

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.

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