## Edgar Filing: CONNORS MICHAEL P - Form 4

| CONNORS MICHAEL P<br>Form 4<br>August 20, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                         |                                                                            |                                                                   |  |
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| FORM 4 UNITED STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 | S SECURITIES AND EXCHANGE COM<br>Washington, D.C. 20549                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                                                                                                                         |                                                                            | PROVAL<br>3235-0287<br>January 31,<br>2005                        |  |
| if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>See Instruction<br>See Instruction<br>See Instruction<br>See Instruction<br>StateMent OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>SECURITIES<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                         |                                                                            |                                                                   |  |
| 1(b).<br>(Print or Type Responses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                         |                                                                            |                                                                   |  |
| 1. Name and Address of Reporting Perso<br>CONNORS MICHAEL P                                                                                                                                                                                                                                                                                                                                                                                                                                          | <sup>1</sup> <sup>*</sup> 2. Issuer Name <b>an</b><br>Symbol<br>Information Ser |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Issu                                      |                                                                                                                                                                                                         |                                                                            |                                                                   |  |
| (Last) (First) (Middle<br>TWO STAMFORD PLAZA, 281<br>TRESSER BOULEVARD                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. Date of Earliest 7<br>(Month/Day/Year)<br>08/18/2010                         | Fransaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                         | (Check all applicable)<br><u>X</u> _Director<br>X_Officer (give title <u>X_10%</u> Owner<br>below)<br>Chairman & CEO                                                                                    |                                                                            |                                                                   |  |
| (Street) 4. If Amendment, Date Original<br>Filed(Month/Day/Year) STAMFORD, CT 06901                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Appl<br>_X_<br>                           | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul> |                                                                            |                                                                   |  |
| (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Table I - Non-                                                                  | Derivative Securi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ities Acquired                            | l, Disposed of,                                                                                                                                                                                         | or Beneficial                                                              | ly Owned                                                          |  |
| (Instr. 3) any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eution Date, if Transacti<br>Code<br>nth/Day/Year) (Instr. 8)                   | 4. Securities According to the form of the | D) Se<br>5) B<br>0<br>Fe<br>R<br>Ti<br>(I | Amount of<br>ecurities<br>eneficially<br>wned<br>ollowing<br>eported<br>ransaction(s)<br>nstr. 3 and 4)                                                                                                 | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Shares of<br>Common 08/18/2010<br>Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Code V<br>P                                                                     | Amount (D) 49,058 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                        | ,567,250                                                                                                                                                                                                | D                                                                          |                                                                   |  |
| Shares of<br>Common 08/19/2010<br>Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Р                                                                               | 81,000 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$<br>1.5569 2,<br>(2)                    | ,648,250                                                                                                                                                                                                | 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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>lying                        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|----------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (A) (D)                                                                                                     | Date<br>Exercisable | Expiration<br>Date | Title                                        | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                             |

## **Reporting Owners**

| Reporting Owner Name / Address                                                         | Relationships |           |                |       |  |  |  |
|----------------------------------------------------------------------------------------|---------------|-----------|----------------|-------|--|--|--|
|                                                                                        | Director      | 10% Owner | Officer        | Other |  |  |  |
| CONNORS MICHAEL P<br>TWO STAMFORD PLAZA<br>281 TRESSER BOULEVARD<br>STAMFORD, CT 06901 | х             | Х         | Chairman & CEO |       |  |  |  |
| Signatures                                                                             |               |           |                |       |  |  |  |
| /s/ Michael P. 08.<br>Connors                                                          | /20/2010      |           |                |       |  |  |  |

<u>\*\*</u>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).
- Price reflected is the weighted-average purchase price for shares purchased. The range of purchase prices for the transactions reported
  (1) was \$1.47 to \$1.53 per share. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

Price reflected is the weighted-average purchase price for shares purchased. The range of purchase prices for the transactions reported
(2) was \$1.54 to \$1.57 per share. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

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.