Edgar Filing: SELIGMAN NAOMI O - Form 4

| SELIGMAN | I NAOMI O | | | | | | | | | | |
|--|---|--------------|---|---|--------------|--------|---|--|---|---|--|
| Form 4 | | | | | | | | | | | |
| June 18, 201 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB OMB Number: | PROVAL 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | NGES IN BENEFICIAL OWNE SECURITIES | | | | | Expires: Estimated a burden hour response | irs per | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17 | (a) of the l | Public U | | ding Cor | npan | y Act of | e Act of 1934, 1935 or Section 0 | 1 | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| SELIGMAN NAOMI O Symbol DUN o | | | Symbol | & BRADSTREET CORP/NW | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month/ | | | | ate of Earliest Transaction nth/Day/Year) 16/2010 | | | | X_ Director 10% Owner Officer (give title Other (specify below) | | | |
| | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| SHORT HI | LLS, NJ 07078 | | | | | | | Form filed by M Person | ore than One Rep | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative | Secur | ities Acq | uired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | n Date, if | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 06/16/2010 | | | А | 26.25 (1) | A | \$ 73.195 | 6,070.49 | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | | | | |
|--|--------------------|------|-------------|--|--|--|--|
| | Director 10% Owner | | Officer Oth | | | | |
| SELIGMAN NAOMI O 103 JFK PARKWAY SHORT HILLS, NJ 07078 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Christine Cappuccia for Nac Seligman | omi O. | | 06/18/2010 | | | | |
| **Signature of Reporting Perso | | 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).
- Acquired pursuant to a dividend reinvestment feature of the issuer's non-employee directors' stock incentive plan in connection with (1) restricted stock units held by the reporting person.

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.