**BUCCI DAVID** Form 4 January 04, 2007

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL OMB** 

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**SECURITIES** obligations may continue.

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **BUCCI DAVID** Issuer Symbol DIEBOLD INC [DBD] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X\_ Officer (give title Other (specify C/O DIEBOLD. 01/02/2007 below) **INCORPORATED, 5995 MAYFAIR** SVP, Customer Solutions Group **ROAD** (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 NORTH CANTON, OH 44720 Person

(City)	(State)	(Zip) Table	e I - Non-D	<b>Derivative</b>	Secur	rities Acq	uired, 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. Transactic Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	ed 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							3,172	I	401(k) (1)
Common Stock							18,980	I	By Wife
Common Stock	01/02/2007		F	5,575 (2)	D	\$ 46.63	31,931	D	

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)

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. Transactic Code (Instr. 8)	5. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non-qualified Stock Option	\$ 38.08					01/30/1998	01/29/2007	Common Stock	2,250
Non-qualified Stock Option	\$ 47.532					01/29/1999	01/28/2008	Common Stock	9,000
Non-qualified Stock Option	\$ 22.88					01/27/2001	01/26/2010	Common Stock	35,000
Non-qualified Stock Option	\$ 28.69					02/07/2002	02/06/2011	Common Stock	25,000
Non-qualified Stock Option	\$ 36.59					02/06/2003	02/05/2012	Common Stock	25,000
Non-qualified Stock Option	\$ 36.31					02/05/2004	02/04/2013	Common Stock	25,000
Non-qualified Stock Option	\$ 53.1					02/11/2005	02/10/2014	Common Stock	25,000
Non-qualified Stock Option	\$ 55.23					02/10/2006	02/09/2015	Common Stock	25,000
Non-qualified Stock Option	\$ 39.43					02/20/2007	02/19/2016	Common Stock	25,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BUCCI DAVID			SVP, Customer Solutions Group				
C/O DIEBOLD, INCORPORATED							
5995 MAYFAIR ROAD							

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NORTH CANTON, OH 44720

### **Signatures**

Chad F. Hesse, Att'y.-in-fact for David Bucci 01/04/2007

\*\*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).
- (1) Number of 401(k) shares owned as of most current statement; fractional shares omitted.
- (2) Tax withholding; Shares disbursed pursuant to an election under the 1992 Deferred Compensation Plan.

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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