Edgar Filing: BURKEMPER BERNARD N - Form 4

BURKEMPE Form 4 February 12,		D N									
FORM	1							-	PPROVAL		
	UNIT	ED STATES		ITIES A hington,			E COMMISSION	OMB Number:	3235-0287		
Check thi if no long	or							Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER						OWNERSHIP OF	Estimated a	Estimated average			
	Section 16. SECURITIES						burden hou	burden hours per			
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	response 0.5		
obligation	¹⁸ Section	-					ct of 1935 or Section	n			
may conti <i>See</i> Instru 1(b).	nue.		of the Inv	•	.						
(Print or Type R	lesponses)										
BURKEMPER BERNARD N Symb			Symbol	Name and FINANC		-	Issuer				
						[~-]	(Chec	(Check all applicable)			
(Mc				3. Date of Earliest Transaction (Month/Day/Year)			Director	Director 10% Owner			
			02/10/2009				below)	Officer (give titleX Other (specify below) below) Controller			
	(Street)		4. If Amer	ndment, Dat	e Original		6. Individual or Jo	oint/Group Fili	ng(Check		
Filed			Filed(Mon	th/Day/Year)			Applicable Line)	Applicable Line) _X_ Form filed by One Reporting Person			
OLD MONE	ROE, MO 633	69					_X_Form filed by C Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurities	Acquired, Disposed of	, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee		3.	4. Securit			6. Ownership	-		
Security	(Month/Day/Y		on Date, if		onAcquired		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		•		Beneficial Ownership		
		(infoliation	(Duy) I cui)	(1130.0)	(1150.5,	r und 5)	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				~		or	(Instr. 3 and 4)				
Common				Code V	Amount	(D) P1	ice (close to all to all to				
Stock							31,209	D			
Stoon											

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)

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. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date curities (Month/Day/Year) quired) or sposed of) str. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0	02/10/2009		А	1,145	<u>(1)</u>	(2)	Common Stock	1,145	\$ (
Phantom Stock Units	\$ 0	02/10/2009		А	833	(3)	(2)	Common Stock	833	\$ (
Phantom Stock Units	\$ 0	02/10/2009		А	286	(4)	(2)	Common Stock	286	\$ (

Edgar Filing: BURKEMPER BERNARD N - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
BURKEMPER BERNARD N 8 MERGANSER CT OLD MONROE, MO 63369				Controller		
Signaturos						

Signatures

BERNARD N BURKEMPER 02/12/2009

**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) Units vest in 33 1/3% increments over a three year period from the date of the grant.
- (2) No expiration date for these Units.
- (3) Units vest in 20% increments over a five year period.
- (4) Units vest 100% three years from the grant date.

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.