Means Samuel M. III Form 4 February 07, 2011

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

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

obligations

may continue.

See Instruction

Check this box

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).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Means Samuel M. III

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

PACCAR INC [PCAR]

(Check all applicable)

777 106TH AVENUE NE

3. Date of Earliest Transaction (Month/Day/Year)

02/03/2011

Director 10% Owner X\_ Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

below) Vice President

below)

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

BELLEVUE, WA 98004

(Zip)

(Middle)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (T) (Instr. 4) (Instr. 4)

Reported Transaction(s)

Code V Amount (D) Price

(A)

(Instr. 3 and 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 3. Transaction Date 3A. Deemed 5. Number 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if Transaction Derivative **Expiration Date** Securities Security or Exercise Code (Month/Day/Year) any

1

7. Title and Amount of

**Underlying Securities** 

(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed (D) (Instr. 3, and 5)	d of				
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 12.54					01/01/2005	01/23/2012	COMMON STOCK	17,254
STOCK OPTION	\$ 13.96					01/01/2006	01/15/2013	COMMON STOCK	18,064
STOCK OPTION	\$ 25.31					01/01/2007	01/15/2014	COMMON STOCK	8,187
STOCK OPTION	\$ 32.11					01/01/2008	01/20/2015	COMMON STOCK	7,690
STOCK OPTION	\$ 32.23					01/01/2009	01/26/2016	COMMON STOCK	7,861
STOCK OPTION	\$ 44.56					01/01/2010	01/31/2017	COMMON STOCK	7,371
STOCK OPTION	\$ 45.74					01/01/2011	01/30/2018	COMMON STOCK	7,000
STOCK OPTION	\$ 30.81					01/01/2012	02/06/2019	COMMON STOCK	8,428
STOCK OPTION	\$ 36.12					01/01/2013	02/02/2020	COMMON STOCK	9,444
STOCK OPTION	\$ 50.5	02/03/2011	A(1)	6,798		01/01/2014	02/03/2021	COMMON STOCK	6,798

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

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Means Samuel M. III 777 106TH AVENUE NE BELLEVUE, WA 98004

Vice President

## **Signatures**

Samuel Means by David C. Anderson POA

02/07/2011

\*\*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) Option to buy awarded under PACCAR Long Term Incentive Plan (LTIP).

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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