Edgar Filing: PEREZ WILLIAM D - Form 4

| PEREZ WILL | LIAM D | | | | | | | | | | | |
|---|---------------------------------------|---------------------|-------------------------|---|------------|------------|--------------|---|---|---------------------------------------|-------------|--|
| Form 4 | | | | | | | | | | | | |
| June 17, 2009 |) | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | | | |
| | - UNITED | SIAIESS | | hington | | | | NGE | COMMISSION | OMB Number: | 3235-0287 | |
| Check this | s box | | vv asi | lington | , D | ·.C. 20. | / - / | | | | January 31, | |
| if no longer STATEMENT OF CHANG | | | | GES IN BENEFICIAL OWNERSHI | | | | | NERSHIP OF | Expires: | 2005 | |
| subject to Section 16 | 10 | | | | | | | | | Estimated average burden hours per | | |
| Form 4 or | | | | | | | | | response | | | |
| Form 5 obligation | · · · · · · · · · · · · · · · · · · · | | | | | | | | ge Act of 1934, | | | |
| may conti | | | | • | | • | • • | | f 1935 or Sectio | n | | |
| See Instru | | 30(h) o | of the Inv | vestment | t Co | ompany | y Act | of 19 | 40 | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| (Time of Type it | esponses) | | | | | | | | | | | |
| 1. Name and Ad | ddress of Reporting | Person [*] | 2. Issuer | Name an o | d Ti | icker or 7 | Fradin | g | 5. Relationship of | Reporting Per | son(s) to | |
| PEREZ WILLIAM D Symbol | | | | | | | | 0 | Issuer | | | |
| | | | | BELL SOUP CO [CPB] | | | | | (Check all applicable) | | | |
| | | | of Earliest Transaction | | | | | (Check all applicable) | | | | |
| . , . , . , | | | h/Day/Year) | | | | | _X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | 06/15/20 | - | | | | | | | | |
| | | | 4 If Amon | Amendment, Date Original d(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| | | | | | | | | | | | | |
| 1 ned(wor | | | | (onul/Day/Tear) | | | | | _X_ Form filed by One Reporting Person | | | |
| CAMDEN, N | NJ 08103 | | | | | | | | Form filed by N Person | Iore than One Re | eporting | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| (City) | (State) | (Zip) | Table | I - Non-l | Der | ivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of | 2. Transaction Dat | | | 3. 4. Securities | | | | | | 6. Ownership | | |
| Security (Instr. 3) | (Month/Day/Year) | Execution any | Date, 1f | Code Disposed of (D) | | | | Form: Direct D) or | Indirect Beneficial | | | |
| (1130.3) | | (Month/D | ay/Year) | | | | | • | Indirect (I) | Ownership | | |
| | | | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | | (A) | | Reported Transaction(s) | | | |
| | | | | Code A | 17 | A | or | Duiter | (Instr. 3 and 4) | | | |
| Common | | | | Code | V | Amount | (D) | Price | | | | |
| Stock | 06/15/2009 | | | А | 4 | 4,036 | А | \$0 | 4,036 | 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)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exer Expiration D | | 7. Title and Amount of | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|-------------------------|--------------------|--|------------------------------|--------------------|---|------------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | of Derivati Securitio Acquire (A) or Dispose of (D) (Instr. 3, 4, and 5, | es d d | /Year) | Underlying Securities (Instr. 3 and | Security (Instr. 5) 4) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D |) Date Exercisable | Expiration Date | Title Amou or Numb of Share | ber | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|----------------------------|--|--|--|--|--|
| | Director | Director 10% Owner Officer | | | | | |
| PEREZ WILLIAM D 1 CAMPBELL PLACE CAMDEN, NJ 08103 | Х | | | | | | |
| Signatures | | | | | | | |
| John J. Furey, Attorney-In-Fact | 06/ | 17/2009 | | | | | |
| **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).

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.