Edgar Filing: Meinert Deborah Jean - Form 4

| Meinert Deb | orah Jean | | | | | | | | | | | |
|---|---|---------------------|---|-----------|------|------------------|------------|-------------------|--|----------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | | |
| June 09, 201 | 0 | | | | | | | | | | | |
| FORM | 14 | | | | | | | NGE | | OMB AF | PROVAL | |
| | UNITED | STATES | | | | ND EX D.C. 2(| | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check the | | | | C | | | | | | Expires: | January 31, | |
| subject to | if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O | | | | | | NERSHIP OF | Estimated average | | | | |
| Section 1 | | SECURITIES | | | | | | | | burden hours per | | |
| Form 4 o | | | | | | | | | response 0.5 | | | |
| Form 5 obligation | nc * | | | | | | | • | e Act of 1934, | | | |
| may cont | | | | • | | • | - | • | 1935 or Section | 1 | | |
| See Instru | | 30(h) | of the In | vestme | nt (| Compai | iy Ac | t of 194 | 40 | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| M' (DI II | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | ESCALADE INC [esca] | | | | | | | | | | |
| (1 +) | | (C.J.JL.) | | | | | | | (Checl | c all applicable |) | |
| (Last) (First) (Middle) 817 MAXWELL AVENUE | | | 3. Date of Earliest Transaction | | | | | Director | 100/- | Owner | | |
| | | | (Month/Day/Year) 06/08/2010 | | | | | | X Officer (give title Other (specify | | | |
| 017 1011 111 1 | | | 00/00/2 | 010 | | | | | below) | below) | | |
| | | | | _ | _ | | _ | | | FO & Secretary | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| EVANSVIL | LLE, IN 47711 | | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non | ı-De | erivative | Secu | rities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deer | ned | 3. | | 4. Secur | ties A | cauired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year) | Execution | | | | n(A) or D | | | Securities | Form: Direct | | |
| (Instr. 3) | | any | Code (Instr. 3, 4 and 5) | | | | | - | < / < | Beneficial | | |
| | | (Month/L | Day/Year) | (Instr. 8 | 3) | | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| | | | | | | | | | Reported | (1150. 1) | (1150. 1) | |
| | | | | | | | (A) or | | Transaction(s) | | | |
| | | | | Code | V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/08/2010 | 06/08/2 | 2010 | Р | | 1,400 | A | \$ 4.349 | 2,400 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addr | ess | s Relationships | | | | | | | | |
|--|------------|-----------------|---------------------|-------|--|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | | |
| Meinert Deborah Jean 817 MAXWELL AVENUE EVANSVILLE, IN 47711 | l | | VP, CFO & Secretary | | | | | | | |
| Signatures | | | | | | | | | | |
| /s/ Deborah Meinert | 06/09/2010 | | | | | | | | | |
| **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.