

ALTIRIS INC
Form 4
May 25, 2006

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
SAMUELIAN MICHAEL R

(Last) (First) (Middle)
ALTIRIS, INC., 588 WEST 400 SOUTH
(Street)

LINDON, UT 84042

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
ALTIRIS INC [ATRS]

3. Date of Earliest Transaction (Month/Day/Year)
05/23/2006

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
VP, Worldwide Sales

6. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	05/23/2006		M	2,500 A \$ 6	26,923	D	
Common Stock	05/23/2006		M	5,208 A \$ 7.5	32,131	D	
Common Stock	05/23/2006		M	6,250 A \$ 13.08	38,381	D	
Common Stock	05/23/2006		S	15,261 D \$ 16.96	23,165	D	
Common Stock					8,924	I	by GRAT

Edgar Filing: ALTIRIS INC - Form 4

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.

SEC 1474
(9-02)

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. Transaction Code (Instr. 8)	5. Number of 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)	Amount or Number of Shares
Option to buy common stock	\$ 6	05/23/2006		M	2,500	12/20/2002 ⁽¹⁾ 12/20/2011	Common Stock	2,500
Option to buy common stock	\$ 7.5	05/23/2006		M	5,208	02/22/2003 ⁽³⁾ 02/22/2012	Common Stock	5,208
Option to buy common stock	\$ 13.08	05/23/2006		M	6,250	01/28/2004 ⁽¹⁾ 01/28/2013	Common stock	6,250

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SAMUELIAN MICHAEL R ALTIRIS, INC. 588 WEST 400 SOUTH LINDON, UT 84042			VP, Worldwide Sales	

Signatures

Michael R. Samuelian
Date: 05/25/2006

__Signature of
Reporting Person

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) The option vests as to 1/4 of the shares subject to the option on the "Date Exercisable" and each anniversary thereof.
- (2) Not applicable.
- (3) The option vests as to 1/4 of the shares subject to the option as of the "Date Exercisable" and 1/48 of the option vests each month thereafter.

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.