## Edgar Filing: FREEMAN GEORGE C III - Form 4

FREEMAN	GEORGE C III											
Form 4	010											
March 29, 2									OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNE					Expires:	January 31, 2005		
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Section 16. Form 4 or				SECURITIES					burden hours per response 0			
Form 5	Filed pu	rsuant to S	Section 1	16(a) of th	ne Securi	ties I	Exchange	Act of 1934,	10300130	0.0		
obligatio may con				•	•	-	•	1935 or Section	L			
See Instr 1(b).		30(h)	of the Ir	nvestmen	t Compa	ny Ao	ct of 1940	)				
(Print or Type	Responses)											
FREEMAN GEORGE C III Symbol								5. Relationship of Reporting Person(s) to Issuer				
				ERSAL CORP /VA/ [UVV]				(Check all applicable)				
(Last)	(First) (	(Middle)		ate of Earliest Transaction				Director	100/-	Owner		
				nth/Day/Year) .8/2012				Officer (give title Other (specify				
								below) below) Chairman, President & CEO				
				endment, Date Original			(	6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
RICHMON	ID, VA 23235							_X_ Form filed by Me Form filed by Me Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	omr Dispos (Instr. 3,	(A) or	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 Beneficial Ownership (Instr. 4)		
Common Stock	03/28/2012			G Code V	Amount 1,175 (1)	(D) D	Price \$ 46.6364	91,801 <u>(2)</u>	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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Ι
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	F
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						F
					(A) or						F
					Disposed						]
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date Exercisable	Expiration e Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		
				cout v	$(\mathbf{D})$				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I. S.	Director	10% Owner	Officer	Other			
FREEMAN GEORGE C III 9201 FOREST HILL AVENUE RICHMOND, VA 23235			Chairman, President & CEO				
Signatures							
George C. Freeman, III, by Terri Attorney	03/29/2012						

\*\*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) gift

This amounts includes 53,050 restricted stock units and 4,840 dividend units on the restricted stock units. The restricted stock units and

(2) the dividend units vest on the fifth anniversary of the award date, however payment will be delayed until termination of service if the individual is a covered employee under code Section 162(m) on the date of the vesting.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti

Date