## Edgar Filing: SEIZERT GERALD L - Form 4

SEIZERT GE	ERALD L											
Form 4												
January 12, 2	009											
FORM	4					~~~				PPROVAL		
•••••	• UNITE	D STATES		ITIES AI hington, 1			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this	s box		vv as	inington,	D.C. 20.	<b>/</b>				January 31,		
-	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005				
Subject to Section 16								Estimated average burden hours per				
	Form 4 or							response 0.				
Form 5	Filed p	oursuant to S	Section 16	b(a) of the	e Securiti	ies Ez	kchang	ge Act of 1934,	•			
obligation may conti	Section 1	7(a) of the	Public Ut	ility Hold	ing Com	ipany	Act o	f 1935 or Section	on			
See Instru		30(h)	of the Inv	vestment (	Compan	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Nam					Ticker or '	Tradin	g	5. Relationship o	Relationship of Reporting Person(s) to			
SEIZERT G	Symbol	e e e e e e e e e e e e e e e e e e e										
	Advent/						(Check all applicable)					
	Converti											
	Fund [AGC]					X Director 10% Owner						
(Last)	(First)	(Middle)	7. Date of Fathest Hausachon				-	(give titleX Other (specify below)				
(Month				ay/Year)				below) below) Trustee				
2455 CORPO	ORATE WES	T DRIVE	01/08/20	)09								
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
	Filed(Mont	Filed(Month/Day/Year)					Applicable Line)					
								_X_ Form filed by Form filed by	One Reporting Pe More than One Re			
LISLE, IL 60	0532							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Aco	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction Date 2A. D		emed 3. 4. Securities				5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Ye		on Date, if	1 . , ,				Securities	Form: Direct	Indirect		
(Instr. 3) any (Month			CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				·	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(intentio	2 aj, 1 cal)	(1115117-0)	. und	2)	Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(instr. 5 und 1)		XX C I		
Common	01/09/2000			р	2 000	•	¢ (	19 500	т	Wife's		
Stock	01/08/2009			Р	3,000	А	\$6	18,500	Ι	Trust		
										Account		

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 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. Transacc Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration E (Month/Day e s			le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code 1	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relations							
	Director	10% Owner	Officer	Other					
SEIZERT GERALD L 2455 CORPORATE WEST DRIVE LISLE, IL 60532	Х			Trustee					
Signatures									
/s/ Gerald Seizert, by Kevin M. Robinson Pursuant to a Power of									
Attorney					01/12/2009				
**Cignature of Departing Depart									

<u>\*\*</u>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).

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.

Date