## Edgar Filing: Barsa Karyn Odette - Form 4

Barsa Karyn	Odette											
Form 4												
July 02, 2009	)											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
<b>I UNITED STATES SECURITIES AND EX</b>									OMB	3235-0287		
Check thi	a hav		Was	shington,	<b>D.C. 20</b>	549			Number:			
if no long	or								Expires:	January 31, 2005		
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP O				NERSHIP OF	Estimated average			
Section 1		SECURITIES					burden hours per					
Form 4 or									response 0.5			
Form 5 obligatior	<b>1</b> 0						U	e Act of 1934,				
may conti				•	•	· ·	•	1935 or Section	n			
See Instru	iction	30(h)	of the In	vestment	Compan	y Ac	t of 194	-0				
1(b).												
(Print or Type R	(esponses)											
(I fint of Type is	(esponses)											
1. Name and A	ddress of Reporting	g Person <sup>*</sup>	2 Issuer	Name and	Ticker or	Tradi	nσ	5. Relationship of	Reporting Person(s) to			
Barsa Karyn			Symbol	in Traine and Trener of Training				Issuer				
• Symoor				ERS OUTDOOR CORP				(Check all applicable)				
												(Last)
			Day/Year)				Officer (give title Other (specify					
495-A S. FA	IRVIEW AVE	NUE	06/30/20	-				below)	below)			
(Street) 4. If Ame			4 If Ame	nendment, Date Original			6. Individual or Joint/Group Filing(Check					
			onth/Day/Year)				Applicable Line)					
T ned (mon							_X_ Form filed by One Reporting Person					
GOLETA, C	CA 93117							Form filed by M Person	Iore than One Re	porting		
	(54-4-)	(7:										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of		Date 2A. Deemed		3. 4. Securities Acquired				5. Amount of	6. Ownership			
Security	(Month/Day/Year		n Date, if	Transaction(A) or Disposed of (D)				Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 8)								
		(monum	Day (Tear) (Inst. 6)				Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	06/30/2009			А	360 <u>(1)</u>	Δ	\$	2,043	D			
Stock	00/30/2007			11	<u> </u>	11	69.52	2,045	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)		Date	d 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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 / Address	Relationships						
reporting officer rando readers	Director	10% Owner	Officer	Other			
Barsa Karyn Odette 495-A S. FAIRVIEW AVENUE GOLETA, CA 93117	Х						
Signatures							
/s/ Leslyn Nitta for Karyn Barsa a in Fact	у	07/02/2009					
<u>**</u> Signature of Reporting Perso		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).
- (1) Quarterly shares issued pursuant to the Compensation Plan for the Company's Board of Directors

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.