Edgar Filing: AANONSEN FRED G - Form 4

AANONSEI	N FRED G										
Form 4	2006										
February 21,											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMISSION	OMB APPROVAL		
		SIAILS		shington,			NGE U		OMB Number:	3235-0287	
	Check this box								Expires:	January 31,	
if no long subject to		MENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNERSHIP O					2005 Verage	
Section 1				SECURITIES					Estimated average burden hours per		
Form 4 o Form 5					a				response 0.5		
obligatio							•	e Act of 1934,			
may cont	tinue. Section 17			vestment	•	· ·		1935 or Sectior	1		
See Instruction 1(b).	uction	50(II)	or the m	vestment	Compan	y 1101	. 01 174	0			
. ,											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Pers	on(s) to			
AANONSEN FRED G Symbol								Issuer			
				JLES INC	[HPC]			(Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date of			f Earliest Transaction				(Check an applicable)			
			(Month/E	nth/Day/Year)				Director 10% Owner			
HERCULES PLAZA, 1313 N. 02/16/2				2006				XOfficer (give title Other (specify below) below)			
MARKET S	STREET							Vice Presi	dent and Contr	oller	
(Street) 4. If Am			4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mo				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	TON DE 10904	0001						_X_Form filed by C			
WILMING	TON, DE 19894-	-0001						Person	·		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.	4. Securit			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)) Execution any	on Date, if Transaction(A) or Disposed of (D)					Securities Beneficially	Ownership Form: Direct	Indirect	
(IIISU. 5)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)))	Owned	Form: Direct Beneficia (D) or Ownersh	Ownership		
			•					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Codo V	Amount	or (D)	Drigo	(Instr. 3 and 4)			
Common				Code V	Amount	(D) A	Price \$		- (2)		
Stock	02/16/2006			А	18,821	(1)	⁺ 12.22	101,981	D (2)		

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 c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day e			le and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: AANONSEN FRED G - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer		Other			
AANONSEN FRED G HERCULES PLAZA 1313 N. MARKET STREET WILMINGTON, DE 19894-0001			Vice President ar	nd Controller				
Signatures								
/s/ Richard G. Dahlen Acting as A Aanonsen	ed G.	02/21/2006						
<u>**</u> Signature of Re	porting Perso	on		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) Grant of Restricted Stock pursuant to the terms of the Long Term Incentive Compensation Plan. Normal vesting is 5 years. Share price fluctuation could delay or accelerate vesting.
- (2) 2,049 shares are held indirectly through the Company's 401K plan.

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.