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| KLEINJANS-M Form 4 April 24, 2012 | 1 | | | TITIES A | | | NGE C | OMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | |
|---|-------------------------------------|-----------------------|--------|--|------------|-------|--|--|--|---------------------|--|
| Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES SECURITIES | | | | | | | | | • | | |
| (Print or Type Resp | oonses) | | | | | | | | | | |
| KLEINJANS-MCKEE ROBIN J WO | | | Symbol | Name and ERINE W WW] | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D C/O 9341 COURTLAND DRIVE 04/22/20 NE | | | | - | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP, Corp. Planning & Analysis | | | |
| BOCKEODD | (Street) | Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| ROCKFORD, | WII 49551 | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| | Transaction Date Ionth/Day/Year) | Executio: any | | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common 04 Stock 04 | 4/22/2012 | | | F | 97 | D | \$ 37.89 | 16,962 | 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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transact | 5. ionNumber | 6. Date Exer Expiration D | | 7. Titl Amou | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|------------------|---|------------------|----------------|------------------------|------------------------------|------------|-----------------|--------------|------------------------|----------------|
| Security | or Exercise | (| any | Code | of | (Month/Day/ | | | rlying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | · · | | Secur | | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | . 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) (Instr. 3, | | | | | | (Instr |
| | | | | | (insu: 5, 4, and 5) | | | | | | |
| | | | | | ., | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | Title | or Number | | |
| | | | | | | Exercisable | Date | THE | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|------------|-------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| KLEINJANS-MCKEE ROBIN J C/O 9341 COURTLAND DRIVE NE ROCKFORD, MI 49351 | | | VP, Corp. Planning & Analysis | | | | |
| Signatures | | | | | | | |
| /s/ Timothy E. Foley, by Power of Attorney | | 04/24/2012 | | | | | |

<u>**</u>Signature of Reporting Person

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).

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.