### Edgar Filing: SILBERMAN ROBERT S - Form 4

SILBERMAN	N ROBERT S										
Form 4											
May 11, 2012	2										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
if no longe	er STATI	EMENT O	F CHAN	GES IN H	BENEFI	CIA	LOW	NERSHIP OF	2005		
subject to Strateview of Chainer				SECURITIES					Estimated average burden hours per		
Form 4 or										•	
Form 5	Filed p	oursuant to	Section 16	b(a) of the	Securiti	ies Ez	cchang	ge Act of 1934,	response		
obligation	<sup>8</sup> Section 1						-	f 1935 or Sectio	n		
may contin See Instru	nue.		of the Inv	•	•	- ·					
1(b).	etion				1.						
(Print or Type R	esponses)										
1. Name and Ac	dress of Reporti	ng Person <sup>*</sup>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
SILBERMAN ROBERT S Symbol											
				COVANTA HOLDING CORP				(Check all applicable)			
	[CVA]										
(Last)	(First)	(Middle)	3 Data of	Forliggt Tra	neaction			X Director	10%	6 Owner	
(Lust)	(1130)	(made)	(Month/Da	Earliest Transaction				Officer (give titleOther (specify			
C/O STRAY	ER EDUCAT	TION	05/09/20	-				below) below)			
INC., 1100 V		1011	05/07/20	/12							
	RD, SUITE 25	500									
DOCLETI			4 76 4		o · · · 1						
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
A DI INCTO	N, VA 22209							Form filed by N			
AKLINGIO	IN, VA 22209							Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med 3. 4. Securities					5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if					Securities	Form: Direct			
(Instr. 3)		any	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially	(D) or Indirect (I)	Beneficial		
		(Month)				Owned Following	Ownership (Instr. 4)				
							Reported	(1130.4)			
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				code v	7 milount		11100				
Stock, \$.10	05/09/2012			А	4,500	А	\$0	48,923	D		
par value	00/07/2012				1,500	11	ΨΟ	.0,720			
Pui vuide											

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.

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
SILBERMAN ROBERT S C/O STRAYER EDUCATION INC. 1100 WILSON BOULEVARD, SUITE 2500 ARLINGTON, VA 22209	) X						
Signatures							
/s/ Robert S. 05/10/2012 Silberman							

\*\*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.