Edgar Filing: LYDALL INC /DE/ - Form 4

LYDALL IN Form 4	NC /DE/											
April 28, 200	06											
FORM	14								OMB A	PPROVAL		
	UNITED	STATES		RITIES A shington			NGE	COMMISSION	N OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5	ger STATEN 16. pr		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden hou	Expires:January 31, 2005Estimated average burden hours per response0.5		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> SODERSTROM S CARL JR			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		LYDALL INC /DE/ [LDL]					(Check all applicable)					
(Last) (First) (Middle) 5595 MURFIELD DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 04/27/2006					Officer (give title Other (specify below) below)				
		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
ROCHEST	ER HILLS, MI 4	8306							More than One R			
(City)	(State)	(Zip)		le I - Non-l			rities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispos (Instr.	red (A) o sed of (D 3, 4 and (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Rep	oort on a separate line	e for each cla	uss of sect					or indirectly.				
	r				-		-	spond to the colle	ction of	SEC 1474		
					info req dis	ormatio uired to	n cont o resp	tained in this form ond unless the fo ntly valid OMB co	n are not rm	(9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(I

Derivative Security					(D)	visposed of D) Instr. 3, 4,				
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Buy	\$ 9.35	04/27/2006	А		325 (1)		04/27/2007	04/27/2016	Common Stock	325
Option to Buy	\$ 9.35	04/27/2006	А		3,000 (2)		04/27/2007	04/27/2016	Common Stock	3,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SODERSTROM S CARL JR 5595 MURFIELD DRIVE ROCHESTER HILLS, MI 48306	Х							
Signatures								

David A. Jacoboski, Attorney-in-fact for S. Carl Soderstrom, Jr.

**Signature of Reporting Person

04/28/2006 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 to each Outside Director in lieu of cash based retirement benefits. Options become exercisable in three annual installments begining one year from initial grant date.
- (2) Automatic grant to each Outside Director on the date of the Annual Meeting of Stockholders. Option becomes exercisable in four equal annual installments begining one year from initial grant date.

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.