## Edgar Filing: LYDALL INC /DE/ - Form 4

INDALL INC (DE)

Form 4	C /DE/												
August 22, 2	007												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO									OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer subject to STATEMENT OF CHAN										Expires:	January 31,		
					GES IN BENEFICIAL OWNE					Estimated a	2005 Iverage		
Section 16.					SECURITIES					burden hours per			
Form 4 or Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of						- A - + - £ 1024	response	0.5				
obligation	•							•	e Act of 1934, 1935 or Section	n			
may conti	inue.		of the In	•		•				1			
See Instru 1(b).	iction	50(11)		, estine		compun	<i>j</i> 110		Ŭ				
(Print or Type R	Responses)												
1 Name and Δ	ddress of Reporting	Person *	<b>0</b> I	. NT		T: -1	T		5. Relationship of	Reporting Pers	son(s) to		
EEDDIC DETED V				r Name <b>and</b> Ticker or Trading				ıg	Issuer	Reporting Pers	5011(3) 10		
Symbol					LL INC /DE/ [LDL]								
(Last)	(First) (	Middle)				-	-1		(Chec)	k all applicable	2)		
				f Earliest Transaction Day/Year)					Director	10%	Owner		
C/O LYDALL, INC., ONE 08/22/20				<b>3</b>					Officer (give title Other (specify below) below)				
COLONIAL	ROAD, P.O. B	OX 151							· · · · · · · · · · · · · · · · · · ·	Charter Medica	al Ltd		
(Street) 4. If A			4. If Ame	mendment, Date Original					6. Individual or Joint/Group Filing(Check				
				th/Day/Year)					Applicable Line)				
									_X_ Form filed by C	One Reporting Pe Iore than One Re			
MANCHES	TER, CT 06045-	-0151							Person	iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Nor	n-De	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date		emed3.4. Securities Acquiredion Date, ifTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)//Day/Year)(Instr. 8)						5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any							Securities Beneficially	Form: Direct Indirect (D) or Beneficia	Indirect Beneficial		
(insu: 5)		•						5)	Owned	Indirect (I)	Ownership		
			-						Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				Code	v	Amount 1,000	(D)	\$					
Stock	08/22/2007			А		<u>(1)</u>	А	<sup>‡</sup> 10.66	3,000	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)

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1. Title c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title Amount Underly Securiti (Instr. 3	t of ying ies	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Bon	orting (	wnore	Code V	(A) (D)	Date Exercisable	Expiration Date	o Title N o	Amount or Number of Shares		

## Reporting Owners

Reporting Owner Name / Address	Relationships						
	rector	10% Owner	Officer	Other			
FERRIS PETER V C/O LYDALL, INC. ONE COLONIAL ROAD, P.O. BOX 151 MANCHESTER, CT 06045-0151			President, Charter Medical Ltd				
Signatures							
David A. Jacoboski, Attorney-in-fact for Peter V. Ferris		08/22/2007					
**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).

(1) The reporting person acquired 1000 shares via open market purchase on 8/22/2007

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.