Edgar Filing: LINEHAN EARL L - Form 4

| LINEHAN E. Form 4 | ARL L | | | | | | | | | | |
|---|--|----------|---|---|--------------|-------|---|---|--|---|--|
| March 05, 20 | 08 | | | | | | | | | | |
| FORM Check this | S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | PPROVAL 3235-0287 January 31, | | | |
| if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to | | | | SECURI | TIES | | Expires: Estimated a burden hou response | 2005 average ırs per | | | |
| obligation may contin <i>See</i> Instruct 1(b). | nue. Section | • • | Public Ut) of the Inv | • | U | | | of 1935 or Section 40 | on | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> LINEHAN EARL L | | | 2. Issuer Name and Ticker or Trading Symbol STONERIDGE INC [SRI] | | | | g | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | ck all applicable | | | |
| 515 FAIRMOUNT AVE STE.400 | | | (Month/Day/Year) 03/03/2008 | | | | | _X_ Director10% Owner Officer (give titleOther (specify below)below) | | | |
| (Street) | | | 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 Form filed by More than One Reporting | | | |
| TOWSON, N | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Instr. 3) any | | | Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (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) | |
| Common Shares, without par value | 03/03/2008 | | | А | 5,400 (1) | A | \$ 0 | 57,679 | D | | |
| Common Shares, without par value | | | | | | | | 225,000 <u>(2)</u> | I | By Trust | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
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(9-02)

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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 Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | |
| LINEHAN EARL L 515 FAIRMOUNT AVE STE.400 TOWSON, MD 821286 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Robert M. Loesch. by power of attorney | | 03/05/2 | 008 | | | | |
| **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) Restricted Common Shares granted to the Reporting Person pursuant to the Directors' Restricted Shares Plan, vesting March 3, 2009.
- (2) The increase of 75,000 Common Shares only represents a change in the nature of beneficial ownership as shares were transfered to trust since the date of the Reporting Person's last Form 4.

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.