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Form 4												
September (07, 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check th				8,					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated a	2005			
	Section 16. SECURITIES							burden hou	0			
Form 4 o Form 5			~		~ .				response	•		
obligatio	-						-	e Act of 1934,				
may con	tinue. Section 1			vestment	•	· ·		f 1935 or Section	n			
<i>See</i> Instr 1(b).	ruction	50(II)) of the fil	vestment	Compai	Iy At	1 01 194	ю				
1(0).												
(Print or Type	Responses)											
1 Name and A	Address of Reporti	ng Person *	2 Januar	. Nome and	Tielen on	Tradi		5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person * 2. Issuer KIRCHNER KING P Symbol				er Name and Ticker or Trading				Issuer				
			-	CORP [UNT]								
(Last)	(First)	(Middle)						(Chec	k all applicable	;)		
				Day/Year)				_X_ Director10% Owner				
600 KENSINGTON TOWER, 7130 09/02/2				-				Officer (give title Other (specify below)				
SOUTH LEWIS							UCIOW)					
(Street) 4. If Ame				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
TULSA, OK 74136								Form filed by One Reporting Person Form filed by More than One Reporting				
	K 74150							Person				
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction D		1					5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea	ar) Execution any	on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Form: Direct I (D) or I	Indirect Beneficial		
(111501.0)		•	Day/Year)	(Instr. 8)	(111511.5,	i una	5)	Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	00/02/2005					, í	\$	126.220	D			
Stock	09/02/2005			S	1,400	D	51.62	136,220	D			
Common	00/00/0005			~	1 100	-	\$	101000	-			
Stock	09/02/2005			S	1,400	D	\$ 51.45	134,820	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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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				
KIRCHNER KING P 600 KENSINGTON TOWER 7130 SOUTH LEWIS TULSA, OK 74136	Х							
Signatures								
By: By Mark E. Schell under POA		09/07/2005						
<u>**</u> Signature of Reporting Person		Date						
Explanation of Responses:								

analion or nesponses.

* 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.