Edgar Filing: SCHMIDT PAUL W - Form 4

SCHMIDT P	AUL W											
Form 4												
April 16, 201	2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							-	3235-0287				
Check thi	s box		was	nington,	D.C. 20	549			Number:	January 31,		
if no longer				CES IN I	DENIEFI	CIA		NEDSIIID OF	Expires:	2005		
subject to		IENI U	г спан	GES IN BENEFICIAL OW				NEKSHIP OF	Estimated average			
				SECURITIES					burden hours per			
Form 4 or Form 5		anont to	Section 1	f(a) of the	Connit	ion Er	rahana	ha A at of 1024	response	0.5		
obligation							-	e Act of 1934,	n			
may conti	nue. Section 17(vestment	•	· ·		f 1935 or Sectio	11			
See Instru	ction	50(II)	of the fir	vestment	Compan	y Aci	1 01 194	+0				
1(b).												
(Print or Type R	(esponses)											
1. Name and A	ddress of Reporting	Person [*]	2. Issuer	Name and	Ticker or	Tradin	Ig	5. Relationship of	Reporting Per	son(s) to		
SCHMIDT I	PAUL W		Symbol				0	Issuer				
•				X INTERNATIONAL INC								
			[LII]					(Chec	k all applicable	e)		
(Last)	(First) (1	Middle)	3 Date of	Earliest Tra	ansaction			X Director	10%	Owner		
(Month/D							Officer (give title Other (specify					
2140 LAKE	PARK BLVD.		04/16/20	-				below)	below)			
	(Street)		1 If Amo					6 Individual or Ia	ag(Chaola			
(Sileer)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			rneu(mon	ui/Day/Tear)				_X_ Form filed by (One Reporting Pe	erson		
RICHARDS	ON, TX 75080							Form filed by M	Iore than One Re			
	01, 111,0000							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Executio	on Date, if	Transactic Code		ispose	d of	Securities	Form: Direct	Indirect		
(Instr. 3)		any	•		(D)	4 1	5)	-	(D) or	Beneficial		
		(Month/	(Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)		Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
						<i>(</i>))		Reported	(mou.)	(instr. i)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common										Mame		
Stock, Par	04/16/2012			A (1)	124	٨	\$	25 400	т	Mary T		
Value \$0.01	04/16/2012			A <u>(1)</u>	124	А	40.3	25,490	Ι	Schmidt Truct		
Per Share										Trust		

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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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		Amount or Number of Shares		

Reporting Owners

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 SCHMIDT PAUL W
 2140 LAKE PARK BLVD.
 X
 V
 V
 V
 V

 SIGnatures
 K
 K
 K
 K
 K
 K
 K
 K

/s/ John D. Torres, attorney-in-fact for Mr. Paul W. Schmidt

**Signature of Reporting Person

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) Director's Quarterly Stock Compensation

Remarks:

Attorney-in-fact pursuant to the power of attorney dated May 12, 2010.

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.

04/16/2012

Date