Edgar Filing: FOX COLIN - Form 4

FOX COLIN

| Form 4 | | | | | | | | | | | | |
|--|-------------------------------|--------|---------------------------------------|--------------------------|------|---------------|--------------------------------|---|--|---|---|--|
| October 11, | | | | | | | | | | | | |
| FORM | 14 UNITED S | STATES | | | | | | NGE C | OMMISSION | OMB OMB Number: | PROVAL 3235-0287 | |
| Washington, D.C. 2054Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFIC SECURITIESForm 4 or Form 5 obligations may continue.Statement of Section 16(a) of the Securities Section 17(a) of the Public Utility Holding Compa 30(h) of the Investment Company A | | | | | | | I CIA ies E ipany | CIAL OWNERSHIP OF Expires: 20 Expires: 20 Estimated average burden hours per response es Exchange Act of 1934, pany Act of 1935 or Section | | | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| FOX COLIN Syml | | | | Name | | Ticker or | Tradiı | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | | 3. Date of Earliest Transaction (Chec | | | | | | k all applicable) | | | |
| | X CORPORATIO D EAST, SUITE | N, 500 | (Month/D 10/10/2 | - | r) | | | | Director X_Officer (give below) Senior V.P. | | Owner er (specify estems | |
| | (Street) | | 4. If Ame | ndment | , Da | te Original | l | | 6. Individual or Jo | int/Group Filir | g(Check | |
| WESTPOR | T, CT 06880 | | Filed(Mor | nth/Day/Y | Year |) | | | Applicable Line) _X_ Form filed by O Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - No | n-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Date, if | Code (Instr. 3, 4 and 5) | | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock, par value \$.01 | 10/10/2006 | | | Р | | 29 <u>(1)</u> | А | \$ 51.11 | 38,775 <u>(2)</u> | D | | |
| Common Stock, par value \$.01 | 10/10/2006 | | | Ι | V | 0 | А | \$ 0 | 1,571 <u>(2)</u> | I | 401(k) plan | |

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

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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) | 4. Transactio Code (Instr. 8) | 5. onNumber 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 | | | | |
| FOX COLIN C/O TEREX CORPORATION 500 POST ROAD EAST, SUITE 320 WESTPORT, CT 06880 | | | Senior V.P. Terex Bus. Systems | | | | | |
| Signatures | | | | | | | | |

Signatures /s/ COLIN FOX 10/11/2006

<u>**</u>Signature of Reporting Person

F C 5 V

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) Shares purchased through payroll deductions through the Company's Deferred Compensation Plan.

(2) Represents shares beneficially owned as of October 10, 2006.

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.