Edgar Filing: HOYT SUSAN S - Form 4

HOYT SUSA	N S										
Form 4											
April 30, 2009	9										
FORM	4								PPROVAL		
	UNITED		JRITIES A ashington,			NGE	COMMISSION	OMB Number:	3235-0287		
	Check this box						Expires:	January 31,			
if no longe subject to	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O					NERSHIP OF		Estimated average		
Section 16	ó.	SECURITIES						burden hours per			
Form 4 or								response 0.5			
Form 5 obligations	- ·	suant to Section					-				
may contin			•	•	- ·		of 1935 or Sectio	n			
See Instruct 1(b).	ction	30(h) of the	Investment	Company	y Act	of 19	40				
(Print or Type Re	esponses)										
(
HOYT SUSAN S Symbol			uer Name and Ticker or Trading I S CORP [RGS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
											(Last)
(Month/D			/Day/Year)	Day/Year)			X Director 10% Owner				
			04/30/2009				Officer (give titleOther (specify below)				
			nendment, Da	endment, Date Original			6. Individual or Joint/Group Filing(Check				
			Ionth/Day/Year))			Applicable Line)				
MINNEAPO	DLIS, MN 55439							One Reporting Pe More than One Re			
(City)	(State)	(Zip)	hla I Nava D	:	• • • • • •	4	and Discould a	f an Danafiaial	lles Oeren e d		
		- 10				ties Ac			-		
				3. 4. Securities TransactionAcquired (A) or		Securities	Form: Direct	7. Nature of Indirect Beneficial			
-	(Wondi/Day/Tear)		Code								
		(Month/Day/Yea				Owned		Ownership			
								(Instr. 4)	(Instr. 4)		
					(A)						
2			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
	04/30/2009		А	5,000	А	\$0	14,904	D			
SIUCK											
MINNEAPO (City) 1.Title of Security (Instr. 3) Common Stock	OLIS, MN 55439 (State) (2. Transaction Date (Month/Day/Year)	Filed(M (Zip) Ta 2A. Deemed Execution Date, any	Ionth/Day/Year) able I - Non-D 3. if Transactio Code ar) (Instr. 8) Code V	erivative S 4. Securi onAcquirec Disposed (Instr. 3, Amount	Securi ties (A) of of (D 4 and (A) or (D)	r)) 5) Price	Applicable Line) _X_ Form filed by 0 Form filed by 0 Person quired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	One Reporting Po More than One Ro f, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number or f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Stock Appreciation Right (1)	\$ 19.14	04/30/2009		А	5,000	04/30/2010	04/30/2019	Common Stock	5,00

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
HOYT SUSAN S 7201 METRO BOULEVARD MINNEAPOLIS, MN 55439	Х			
Signatures				
Eric A. Bakken, by power of attorney		04/30/2009	9	
**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) SARs vest ratably over a five year period.

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.