## Edgar Filing: ACROSS AMERICA REAL ESTATE CORP - Form 4

ACROSS AMERICA REAL ESTATE CORP Form 4

November 20, 2006 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Creamer James W III Issuer Symbol ACROSS AMERICA REAL (Check all applicable) ESTATE CORP [AARD.OB]

(Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify X\_Officer (give title (Month/Day/Year) below) below) 1660 17TH STREET, SUITE 450 11/08/2006 CFO & Treasurer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person

**DENVER, CO 80202** 

| (City)                 | (State)                                 | (Zip) Tab                        | ole I - Non-l      | Derivative Securities A                | cquired, Disposed               | of, or Beneficia             | lly Owned                |
|------------------------|---|----------------------------------|--------------------|--|---------------------------------|------------------------------|--------------------------|
| 1.Title of<br>Security | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if |                    | 4. Securities<br>nAcquired (A) or      | 5. Amount of<br>Securities      | 6. Ownership<br>Form: Direct | 7. Nature of<br>Indirect |
| (Instr. 3)             |   | any<br>(Month/Day/Year)          | Code<br>(Instr. 8) | Disposed of (D)<br>(Instr. 3, 4 and 5) | Beneficially<br>Owned           | (D) or Indirect<br>(I)       | Beneficial<br>Ownership  |
|                        |   | (Wohn Day Tear)                  | (1130.0)           |  | Following<br>Reported           | (Instr. 4)                   | (Instr. 4)               |
|                        |   |                                  | Code V             | (A)<br>or<br>Amount (D) Price          | Transaction(s) (Instr. 3 and 4) |                              |                          |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

Form filed by More than One Reporting

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.        | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti | orDerivative | Expiration Date         | Underlying Securities  |
| Security    | or Exercise |                     | any                | Code      | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)       |

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| (Instr. 3)      | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. 8 | 3) | Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4, and<br>5) |     |                     |                    |                 |                                |
|-----------------|------------------------------------|------------|------------------|-----------|----|---|-----|---------------------|--------------------|-----------------|--------------------------------|
|                 |                                    |            |                  | Code      | v  | (A)   | (D) | Date<br>Exercisable | Expiration<br>Date | Title           | Amount o<br>Number o<br>Shares |
| Stock<br>Option | \$ 1.65                            | 11/08/2006 |                  | А         |    | 100,000   |     | 07/05/2007          | 07/05/2010         | Common<br>Stock | 100,000                        |

## **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |           |       |  |  |  |  |
|--------------------------------|---------------|-----------|-----------|-------|--|--|--|--|
|                                | Director      | 10% Owner | Officer   | Other |  |  |  |  |
| Creamer James W III            |               |           |           |       |  |  |  |  |
| 1660 17TH STREET               |               |           | CFO &     |       |  |  |  |  |
| SUITE 450                      |               |           | Treasurer |       |  |  |  |  |
| DENVER, CO 80202               |               |           |           |       |  |  |  |  |
| Signatures                     |               |           |           |       |  |  |  |  |
| Is man W                       |               |           |           |       |  |  |  |  |

James W. 11/15/2006 Creamer, III Date

\*\*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).

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.