Edgar Filing: Utrup Chad M - Form 4/A

Utrup Chad Form 4/A	М										
August 10, 2	2011										
FORM	14								OMB AF	OMB APPROVAL	
UNITED STATES SECURITIES AND EXCH Washington, D.C. 2054								OMB Number:	3235-0287		
Check th		(using ton, 2101 200 1)						January 31,			
if no lon subject t Section Form 4 c	6. SIAI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 verage rs per 0.5	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 1	20(h) of the Inviectment (Commenty A of $(10/1)$									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Utrup Chad M			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Commercial Vehicle Group, Inc. [CVGI]					(Check all applicable)			
(3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Officer (give title Other (specify below)			
	NC., 7800 WAI		08/03/2	011				EVP, Chie	ef Financial Of	ficer	
	(Street)		4. If Ame	endment, Da	ate Origina	ıl		6. Individual or Jo	int/Group Filin	g(Check	
				led(Month/Day/Year) 8/04/2011				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	AN1, 011430.	94						Person			
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
C				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, \$0.01 par value	08/03/2011			P <u>(1)</u>	5,500	A	\$ 9.6144 (2)	190,016	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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own 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						
D COMMERCIAL VEHICLE GROUP, INC. 00 WALTON PARKWAY 2W ALBANY, OH 43054 Gnatures	Director	10% Owner	Officer	Other			
Utrup Chad M C/O COMMERCIAL VEHICLE GROUP, INC. 7800 WALTON PARKWAY NEW ALBANY, OH 43054			EVP, Chief Financial Officer				
Signatures							
/s/ Elisabeth M. Martin, under Power of Attorney	08/	10/2011					
**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) This Amendment to Form 4 is being filed to correct an error in the "Transaction Code" box. The transaction was an open market purchase.

The price represents the weighted average purchase price for multiple transactions reported on this line. The prices of the transactions(2) reported on this line range from \$9.4099 to \$9.69. The reporting person undertakes to provide, upon request by the Commission staff, the issuer or a securityholder of the issuer, full information regarding the number of shares purchased at each separate price.

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.