## Edgar Filing: LKQ CORP - Form 4

LKQ CORP												
Form 4												
October 03, 2	2011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB A	PROVAL			
	UNITEL	) STATES				ND EX D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check th										Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENI SECURITIES						[CIA	LOW	NERSHIP OF	Estimated average burden hours per			
Form 4 o Form 5			<b>C</b>	((-) - (	2 4 1.	G	P		- A - + - £ 1024	response	0.5	
obligatio	<b>n</b> o <b>*</b>							•	e Act of 1934, 1935 or Section	2		
may cont	linue.		of the In	•		•	· ·			1		
<i>See</i> Instru 1(b).	uction	50(11)		vestiik	<i>.</i>	compun	y 110	101174	0			
(Print or Type I	Responses)											
1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Trading       5. Relationship of						Reporting Person(s) to						
FOSTER RONALD G Sy				Symbol					Issuer			
]			LKQ CO	ORP [I	LK(	QX]			(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction								
				/Day/Year)					_X_ Director 10% Owner Officer (give title Other (specify			
WEST MAI	CORPORATION DISON STREE		09/30/2	011					below)	below)	er (speeny	
2800												
				endment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mor	(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO,	IL 60661								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	2. Transaction Da	ate 2A. Dee	med	3.		4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	on Date, if Transaction(A) or Disposed of (D)						Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				5)	- · · ·	(D) or Indirect (I)	Beneficial Ownership	
		(infoliation	Duy/Tear)	(11341. 0)			Following (Instr. 4)		(Instr. 4)			
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price	(			
Common Stock	09/30/2011			A <u>(1)</u>		634	А	\$ 24.68	10,199	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: LKQ CORP - Form 4

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships			
		Director	10% Owner	Officer		
FOSTER RONALD G C/O LKQ CORPORATION 500 WEST MADISON STREET, SUITE CHICAGO, IL 60661	2800	Х				
Signatures						
/s/ Victor M. Casini, Attorney-in-fact	10/03/2	2011				
<u>**</u> Signature of Reporting Person	Dat	e				

## **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) The common stock was received in lieu of cash compensation pursuant to the Stock Option and Compensation Plan for Non-Employee Directors adopted in June 2003.

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.