Edgar Filing: CUMMINGS KURT P - Form 4

| CUMMINGS | S KURT P | | | | | | | | | | |
|--------------------------------------|-------------------------------------|---------------------|--|--|--|--------|---|---|--|------------------------|--|
| Form 4 | 6 | | | | | | | | | | |
| June 12, 200 | | | | | | | | | OMB AF | PROVAL | |
| FORM | UNITE | O STATES | | RITIES A shington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | | | | | | | | | Expires: | January 31, 2005 | |
| subject to STATEMENT OF CHAN | | | | GES IN BENEFICIAL OWNER SECURITIES | | | | NERSHIP OF | Estimated a | iverage | |
| | Section 16. Form 4 or | | | | | | | | burden hou response | rs per 0.5 | |
| Form 5 obligation | no - | | | | | | • | e Act of 1934, | · | | |
| may cont See Instru 1(b). | inue. Section 1 | | | tility Hole vestment | • | · · | | 1935 or Section 0 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| CUMMINGS KURT P Symbo | | | | ssuer Name and Ticker or Trading ool X CORP [AVX] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | e of Earliest Transaction | | | | (Check all applicable) | | | |
| | | | | h/Day/Year) | | | | Director 10% Owner X Officer (give title Other (specify below) below) below) VP CFO Treasurer and Corporate | | | |
| | | | mendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| MYRTLE B | EACH, SC 293 | 577 | | | | | | _X_ Form filed by C Form filed by M Person | One Reporting Pe fore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | n Date, if | 3. Transactio Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Comm | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/08/2006 | | | А | 15 | А | \$ 16.18 | 7,487 | 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)

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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. orNumber 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 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 | | | | |
| CUMMINGS KURT P 801 17TH AVENUE SOUTH MYRTLE BEACH, SC 29577 | | | VP CFO Treasurer and Corporate | | | | | |
| Signatures | | | | | | | | |
| By: Kurt P. Cummings, Attorne Cummings | ey in Fact | For: Kurt P. | 06/12/2006 | | | | | |
| <u>**</u> Signature of Rep | orting Perso | n | 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).

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.