## Edgar Filing: GRAY R BRADFORD - Form 4

| GRAY R BR.  | ADFORD                            |                     |             |   |                    |                              |            |   |  |                        |  |
|---|-----------------------------------|---------------------|-------------|---|--------------------|------------------------------|------------|---|--|------------------------|--|
| Form 4  | 1 1                               |                     |             |   |                    |                              |            |   |  |                        |  |
| March 11, 20  |                                   |                     |             |   |                    |                              |            |   |  | PPROVAL                |  |
| FORM  | 4 UNITE                           | D STATES            |             | TTIES A<br>hington,                                     |                    |                              | NGE (      | COMMISSION  |  | 3235-0287              |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.                     |                                   |                     |             | GES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES            |                    |                              |            |   | Expires: January 31<br>2009<br>Estimated average<br>burden hours per |                        |  |
| Form 4 or<br>Form 5<br>obligation<br>may contin<br><i>See</i> Instruct<br>1(b). | Filed p<br>s Section 1            | 7(a) of the 1       | Public Ut   |   | ing Com            | pany                         | Act of     | e Act of 1934,<br>f 1935 or Sectio<br>40  | response   | •                      |  |
| (Print or Type R  | esponses)                         |                     |             |   |                    |                              |            |   |  |                        |  |
| GRAY R BRADFORD Symbol  |                                   |                     |             | r Name <b>and</b> Ticker or Trading                     |                    |                              |            | 5. Relationship of Reporting Person(s) to Issuer  |  |                        |  |
|   |                                   |                     |             | A MOTORS INC [LAD]                                      |                    |                              |            | (Check all applicable)  |  |                        |  |
| (Month  |                                   |                     |             | ate of Earliest Transaction<br>nth/Day/Year)<br>10/2011 |                    |                              |            | _X_ Director10% Owner<br>_X_ Officer (give titleOther (specify<br>below) below)<br>Executive Vice President                             |  |                        |  |
|   |                                   |                     |             | Amendment, Date Original<br>(Month/Day/Year)            |                    |                              |            | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |                        |  |
| MEDFORD,  | OR 97501                          |                     |             |   |                    |                              |            |   | Aore than One Re   |                        |  |
| (City)  | (State)                           | (Zip)               | Table       | e I - Non-D   | erivative S        | Securi                       | ties Acq   | quired, Disposed of   | f, or Beneficial   | ly Owned               |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction E<br>(Month/Day/Ye | ar) Executio<br>any | on Date, if | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V        | on(A) or Di<br>(D) | sposed<br>4 and<br>(A)<br>or | d of       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | Indirect<br>Beneficial |  |
| Class A<br>Common   | 03/10/2011                        |                     |             | А   | 6,000              | А                            | \$<br>14.5 | 60,712  | 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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | ;                   | Date               | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address                             | Relationships |            |                          |       |  |  |  |
|--|---------------|------------|--------------------------|-------|--|--|--|
|  | Director      | 10% Owner  | Officer                  | Other |  |  |  |
| GRAY R BRADFORD<br>360 E. JACKSON ST.<br>MEDFORD, OR 97501 | Х             |            | Executive Vice President |       |  |  |  |
| Signatures   |               |            |                          |       |  |  |  |
| By: Cliff E. Spencer, Attorney<br>Fact for                 | in            | 03/11/2011 |                          |       |  |  |  |
| **Signature of Reporting Person                            |               | Da         | ate                      |       |  |  |  |

## **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.