Edgar Filing: EIDSON DENNIS - Form 4/A

EIDSON DENNIS

| Form 4/A June 24, 200 | 9 | | | | | | | | | | |
|---|-----------------------------------|----------------------|---|--|--|-------------------|---|--|--|----------------------|--|
| FORM 4 UNITED STATES SECURI | | | | | | | | | | OMB APPROVAL | |
| | | ED STATES | | RITIES A shington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check th if no lon; subject to Section 1 Form 4 c | | _ | BENEF | | LOW | NERSHIP OF | Expires: January 2 20 Estimated average burden hours per response | | | | |
| Form 5 obligatio may com <i>See</i> Instr 1(b). | tinue. Section | 17(a) of the | Public U | | ling Con | npany | Act of | e Act of 1934, 7 1935 or Section 0 | · | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| EIDSON DENNIS Sym | | | 2. Issuer Symbol | r Name and | Ticker or | Tradir | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | SPART | AN STOP | RES INC | [SP | ΓN] | (Check all applicable) | | | |
| (Month/D C/O 850 - 76TH STREET SW (Street) 4. If Amer | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2009 | | | | | X Director X Officer (give below) | 10% | Owner er (specify | |
| | | | endment, Date Original nth/Day/Year) 009 | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| GRAND RA | APIDS, MI 49 | 518 | 03/17/2 | 007 | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction 1 (Month/Day/Ye | ear) Executio any | | 3. Transactic Code (Instr. 8) Code V | 4. Securi on(A) or Di (Instr. 3, | ties Ad sposed | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| Common Stock (1) | 05/18/2009 | | | F | 919 | D | \$ 13.34 | 126,758 | 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)

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Security or Exercise any Code of (Month/Day/Year) Underlying (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities Derivative (Instr. 3 and 4) Derivative Securities Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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4.

5.

6. Date Exercisable and

7. Title and

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

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(Insti

Reporting Owners

1. Title of

2.

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|----------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer President & CEO | Other | | | |
| EIDSON DENNIS C/O 850 - 76TH STREET SW GRAND RAPIDS, MI 49518 | Х | | President & CEO | | | | |
| Signatures | | | | | | | |
| /s/ Daniel C. Persinger, By Pow Attorney | ver of | 00 | 5/24/2009 | | | | |
| **Signature of Reporting Person | | | Date | | | | |

3. Transaction Date 3A. Deemed

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 is being filed to correct the number of shares reported in column 4. These shares were withheld by Spartan Stores, Inc. to satisfy tax withholding obligations incident upon the vesting of shares of restricted stock, the grant of which was previously reported.

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.