Edgar Filing: ENNIS, INC. - Form 4

ENNIS, INC Form 4 November 04											
Check thi if no long subject to Section 14 Form 4 or Form 5	4 UNITED S s box ger STATEM 6.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						OMB APPROVAL OMB 3235-0287 Number: January 31 Expires: January 31 2005 Estimated average burden hours per response 0.5			
obligatior may conti <i>See</i> Instru 1(b). (Print or Type R	ns Section 17(a inue. action	a) of the Pul		Holdi	ing Con	ipany	Act of	1935 or Section	n		
1. Name and Address of Reporting Person <u>*</u> Schaefer Michael J			2. Issuer Name and Ticker or Trading Symbol ENNIS, INC. [EBF]				ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (M ST HEALTH 441 NORTH BEO	(M 11	Date of Earlie /onth/Day/Yea 1/04/2008		nsaction			X Director Officer (give below)	10%) Owner r (specify	
(Street) DALLAS, TX 75203			Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)		(Zip)	Table I - No	on-De	erivative (Secur	ities Acq	Person uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	ate, if Trans Code /Year) (Instr	action	4. Securit (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	11/04/2008	11/04/200	8 P		4,000	A	\$ 11.85	10,400	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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Schaefer Michael J METHODIST HEALTH SYSTEM 1441 NORTH BECKLEY AVENUE DALLAS, TX 75203	Х							
Signatures								
Richard L. Travis, Jr., Attorney-in-Fact	11/04/2008							
**Signature of Reporting Person		Date						
Evaluation of Doononooou								

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.