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SL INDUS Form 4 August 27,	TRIES INC											
FOR	ЛЛ		CECU	DITIES		ZCH	ANCE O	OMMERION		APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue				ashingtoi	OMINISSION	OMB Number:	3235-0287					
			F CHA Section Public I	NGES IN SECU 16(a) of t	Expires:January 31, 2005Estimated average burden hours per response0.5							
(Print or Type	e Responses)											
			Symbol					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	SL INDUSTRIES INC [SLI] (Chec 3. Date of Earliest Transaction						ck all applicable)			
			(Month/ 08/24/	/Day/Year) /2007				Director X 10% Owner Officer (give title below) Other (specify below)				
RYE, NY	(Street) 10580			nendment, I Ionth/Day/Ye	-	nal		6. Individual or Jo Applicable Line) Form filed by O _X Form filed by M	ne Reporting P	erson		
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Secu	irities Acqu	Person iired, Disposed of	, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	d Date, if	3. Transactic Code (Instr. 8)	4. Securit	ies Ac ed of (quired (A) (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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/24/2007			S	13,600	D	\$ 21.3687	9,500	I	By: Investment Partnership - I (1)		
Common Stock								65,000	I	By: Investment Partnership - II (1)		
Common Stock								7,500	I	By: Investment Partnership - III ⁽¹⁾		

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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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·		orNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	•		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						,
					4, and 5)						
					· · ·						
									Amount		
						Date	Expiration		or		
						Exercisable	•	Title Number	Number		
						Excicisable			of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh	nips				
	Director	10% Owner	Officer	Other			
GAMCO INVESTORS, INC. ET AL ONE CORPORATE CENTER RYE, NY 10580		Х					
GABELLI MARIO J C/O GAMCO INVESTORS, INC ONE CORPORATE CENTER RYE, NY 10580		Х					
GGCP, INC. 140 GREENWICH AVENUE GREENWICH, CT 06830		Х					
Signatures							
/s/ Peter D. Goldstein Attorney-in-Fact for MARIO J. GABELLI and GGCP, INC. and 08/27							

Secretary for GAMCO INVESTORS, INC.

<u>**</u>Signature of Reporting Person

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).

Date

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The Reporting Persons have less than a 100% interest in this entity. The amount of securities reported as beneficially owned reflects the

(1) total amount of securities held by this entity which is greater than the Reporting Persons indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

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.