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STEELE ROBERT H
Form 4
August 09, 2001

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/ OMB APPROVAL /
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/ OMB Number: 3235-0287 /
/ Expires: September 30, 1998 /
/ Estimated average burden /
/ hours per response..... 0.5 /
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| FORM 4 |
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U.S. SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

Check this box if
no longer subject
to Section 16.
Form 4 or Form 5
obligations may
continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Filed pursuant to Section 16(a) of the Securities
Exchange Act of 1934, Section 17(a) of the
Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

Steele, Robert H.

(Last) (First) (Middle)
138 River Road

(Street)
Essex CT 06426

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol Moore Medical Corp. (MMD)

3. IRS or Identification Number of Reporting Person if an entity
(Voluntary) -----

4. Statement for Month/Year 07/01

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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Explanation of Responses:

**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 provided 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.

/s/ Robert H. Steele	08/08/01
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**Signature of Reporting Person	Date