Edgar Filing: LINCOLN EDUCATIONAL SERVICES CORP - Form 4

| LINCOLN El Form 4 May 25, 2006 | DUCATIONAL S | SERVICE | S CORP |) | | | | | | | | |
|--|--|--|------------------|---|---|-----------------------|------------|---|--|-----------|--|--|
| • | | | | | | | | | OMB A | PPROVAL | | |
| | | | | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe | | | | | | | | Expires: | January 31, 2005 | | | |
| subject to Section 16 | STATEM 5. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES | | | | | | | Estimated average burden hours per | | | |
| Form 4 or Form 5 | | | . 10 | | а | г | 1 | A (61024 | response | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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(h) of the Investment Company Act of 1940 | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Ac GLASKE PA | ldress of Reporting F AUL E | S | Symbol LINCOL | Name and T N EDUC ES CORF | ATION | AL | g | 5. Relationship of Issuer (Chec | Reporting Per | | | |
| (Last) | (First) (Middle) 3. Date of (Month/Da DTH SHORE DRIVE 05/23/20 | | | - | | | | _X_Director10% Owner Officer (give titleOther (specify below) below) | | | | |
| (Street) 4. If Amer | | | | mendment, Date Original Aonth/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 | | | | |
| FLINT, TX 7 | 75762 | | | | | | | Person | Tore than One Ko | eportung | | |
| (City) | (State) (| Zip) | Table | I - Non-De | rivative S | ecuri | ties Ace | quired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | ed Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securit nAcquired Disposed (Instr. 3, - | ies (A) o of (D | r) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | - | | |
| Common Stock | 05/23/2006 | | | A | 1,781 | A | <u>(1)</u> | 7,350 | 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | | |
|--|---------|---------------|-----------|---------|-------|--|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | | |
| GLASKE PAUL E 18136 SOUTH SHOR FLINT, TX 75762 | E DRIVE | Х | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Paul E. Glaske | 05/2 | 5/2006 | | | | | | | |
| <u>**</u> Signature of Reporting Person | D | 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).
- (1) Grant of Restricted Stock valued at \$30,000 on date of grant. These restricted shares vest ratably on the first, second and third year anniversary of grant date.

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.