Edgar Filing: DARNALL ROBERT J - Form 4

DARNALL	ROBERT J									
Form 4										
June 12, 200	19									
FORM	1 4							OMB AP	PROVAL	
	UNITED	STATES SEC V	URITIES A			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th								Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES				ES IN BENEFICIAL OWNERSHIP OF				Estimated average		
Section 16. SE				SECURITIES				burden hours per		
Form 4 o Form 5							A . t . f 1024	response 0.5		
obligatio	nc -					-	Act of 1934, 1935 or Section			
may cont	unue.	30(h) of the	•	•	-	•		L		
See Instruction 1(b).	uction	50(11) 01 110	mvestmen	t Compa	1y 1 K	2011740	0			
1(0).										
(Print or Type I	Responses)									
	Address of Reporting		uer Name an	d Ticker of	r Tradi		5. Relationship of I Issuer	Reporting Person(s) to		
DARNALL ROBERT J Symbol							Issuel			
SUNO			DCO INC [SUN]				(Check all applicable)			
(Last)	(First) (N		e of Earliest 7	Transaction						
1725 MADI			h/Day/Year)				X_ Director Officer (give t		Owner r (specify	
1735 MARKET STREET 06/10		/10/2009				below) below)				
			mendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Month/Day/Yea	ar)			Applicable Line)			
							X Form filed by O Form filed by M			
PHILADEL	LPHIA, PA 19103	-7583					Person	ore than one req	porting	
(City)	(State)	(Zip) T	able I - Non-	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date,		on(A) or D	ispose	d of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Voa		Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially	Form: Direct (D) or		
		(Month/Day/Yea	(insur. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
					(A)		Reported	(Instr. 4)	· · ·	
					or		Transaction(s) (Instr. 3 and 4)			
-			Code V	Amount	(D)	Price	(msu. 3 anu 4)			
Common	06/10/2009		J (1)	692	А	\$	5,475	D		
Stock						28.974				

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(2)</u>	06/10/2009		А	32.05	(3)	(3)	Common Stock	32.05	\$ 2
Deferred Share Units	<u>(2)</u>	06/10/2009		А	34.434	(3)	(3)	Common Stock	34.434	\$ 2

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DARNALL ROBERT J 1735 MARKET STREET PHILADELPHIA, PA 19103-7583	Х						
Signatures							
/s/ Louisa K. Cresson, Attorney-in-Fact		06/12/2009					
**Signature of Reporting Person		Date					
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) Granted pursuant to Rule 16b-3(d)(1). (2) Conversion rate is 1 for 1. (3) Not Applicable
- Total of 3,127.48 Phantom Stock Units beneficially owned following reported transaction under Sunoco, Inc.'s Directors' Deferred (4) Compensation Plan II.
- Total of 3,360.041 restricted share units beneficially owned following reported transaction under Sunoco, Inc.'s Directors' (5) Deferred Compensation Plan II.

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.