#### LAMSON & SESSIONS CO

Form 4

November 09, 2005

**COMMON** 

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11/07/2005

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**STOCK** 

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#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading COQUILLETTE WILLIAM H Issuer Symbol LAMSON & SESSIONS CO [LMS] (Check all applicable) (Middle) (Last) (First) 3. Date of Earliest Transaction (Month/Day/Year) \_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify JONES DAY, 901 LAKESIDE 11/07/2005 below) below) **AVENUE** Assistant Secretary (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting CLEVELAND, OH 44114 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial Direct (D) Ownership (Month/Day/Year) (Instr. 8) Owned Following or Indirect (Instr. 4) Reported (I)(A) Transaction(s) (Instr. 4) (Instr. 3 and 4) Code V Amount (D) Price **COMMON** 1,128 $D^{(1)}$ **STOCK** See

S

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1,000

500

D

D

D

Footnote

(2)

Ι

D

D

D

3,683

28,637

27,637

\$ 19.9 27,137

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COMMON STOCK	11/07/2005	S	100	D	\$ 19.84	27,037	D
COMMON STOCK	11/07/2005	S	2,200	D	\$ 19.81	24,837	D (3)

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.

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9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
<b>rs</b> ,	Director	10% Owner	Officer	Other				
COQUILLETTE WILLIAM H JONES DAY 901 LAKESIDE AVENUE CLEVELAND, OH 44114	X		Assistant Secretary					

## **Signatures**

/s/ Aileen Liebertz, Attorney-in-Fact for William H.
Coquillette

11/09/2005

\*\*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) Restricted shares, exempt under Rule 16b-3(d)(1), held by issuer until 3-year vesting period.

Reporting Owners 2

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- (2) New account as of July 2004 Shares held in Trust pursuant to Directors Deferred Compensation Plan a 16b-3 Plan. Transaction(s) completed by Trustee as of October 31, 2005.
- (3) Direct Ownership: 24,837 shares are owned directly, which were previously held in Deferred Compensation Trust Account.

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.