Edgar Filing: PERFALL A CLAYTON - Form 4

| PERFALL A | CLAYTON | | | | | | | | | | | |
|---|---|-------|-------------|---|-------------|------------------|---|---|---|------------------------|--|--|
| Form 4 | 005 | | | | | | | | | | | |
| January 03, 2005 | | | | | | | | | | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | 3235-0287 | | | |
| 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 OF SECURITIES 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 | | | | | | | Expires: Estimated a burden hou response | irs per | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| PERFALL A CLAYTON Symbol Comst | | | Symbol | er Name and Ticker or Trading ock Homebuilding Companies, HCI] | | | | 5. Relationship of Reporting Person(s) to Issuer6, (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 11465 SUNSET HILLS ROAD, 12/14/20 SUITE 510 | | | | - | | | | X Director Officer (give below) | | 6 Owner er (specify | | |
| | | | | ndment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| RESTON, V. | A 20190 | | | | | | | | More than One Ro | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A (Month/Day/Year) Exa any (M | | on Date, if | | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Class A | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock | 12/14/2004 | | | A | 1,208 | А | <u>(1)</u> | 1,208 | 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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Other

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|--|--|--|
| | Director | 10% Owner | Officer | | | |
| PERFALL A CLAYTON 11465 SUNSET HILLS ROAD, SUITE 510 RESTON, VA 20190 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Jubal Thompson, by power of attorney | 01/03/2 | 005 | | | | |
| **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) N/A

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.