Edgar Filing: Akbari Dr. Homaira - Form 4

| Akbarı Dr. H | lomaira | | | | | | | | | | | |
|---|----------------|----------|-------------------------|--------------------------------|--|--------|---------|---|--|---------------------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| January 04, 2 | 2013 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EVCH | | | | | | | | | | PPROVAL | | |
| CONIVI 4 UNITED STATES SECURITIES AND E. Washington, D.C. 2 | | | | | | | | | OMB Number: | 3235-0287 January 31, | | |
| Check thi | | | Expires: | | | | | | | | | |
| subject to STATEMENT OF CHAN | | | | GES IN BENEFICIAL OWNERSHIP OF | | | | | | 2005 | | |
| Section 1 | | | | SECUR | SECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 or | r | | | | | | | response | • | | | |
| Form 5 | | | | | | | | ge Act of 1934, | | | | |
| obligatior may conti | | | | | | | | f 1935 or Sectio | on | | | |
| <i>See</i> Instru 1(b). | | 30(h |) of the Inv | vestment | Compan | y Act | of 19 | 40 | | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| Akbari Dr. Homaira Symbol | | | Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | LANDS | LANDSTAR SYSTEM INC [LSTR] (0 | | | | | heck all applicable) | | | |
| (Last) | (First) | (Middle) | | Earliest Tr | ansaction | | | | | | | |
| | | | | onth/Day/Year) | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | |
| SOUTH | ION PARK I | JRIVE | 01/02/20 |)13 | | | | below) | below) | er (speeny | | |
| 500TH | | | | | | | | | | | | |
| | | | | If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Mon | Filed(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| JACKSONV | /ILLE, FL 32 | 2224 | | | | | | | More than One Re | | | |
| (City) | (State) | (Zip) | Table | e I - Non-E | Derivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction | | | 3. | 4. Securi | | | 5. Amount of | 1 | 7. Nature of | | |
| Security (Instr. 3) | (Month/Day/Y | | ion Date, if | Transacti Code | onAcquired | | | Securities Beneficially | Form: Direct (D) or | Indirect Beneficial | | |
| (Insu. 5) | | | any (Month/Day/Year) | | CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | | Owned | Indirect (I) | | | |
| | | , | • | | | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported | | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| G | | | | Code V | Amount | (D) | Price | (mout 5 and 4) | | | | |
| Common Stock | 01/02/2013 | | | А | 552 | А | \$0 | 552 | 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)

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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) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| | | | Code V | (Instr. 3, 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (|

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Akbari Dr. Homaira 13410 SUTTON PARK DRIVE SOUTI JACKSONVILLE, FL 32224 | н х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ L. Kevin Stout, attorney-in-fact | 01/04/2013 | | | | | | | |
| **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).

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.