RESPIRONICS INC

Form 4

February 08, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

response...

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * POST WILLIAM J /OH/

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

RESPIRONICS INC [RESP]

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

Director

(Month/Day/Year) 02/04/2005

10% Owner X_ Officer (give title Other (specify below)

President Homecare

1010 MURRY RIDGE LANE

(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 Person

MURRYSVILLE, PA 15668

| (City) | (State) | (Zip) Tab | le I - Non- | Derivative | Secur | ities Acqui | red, Disposed of | , or Beneficial | y Owned |
|--------------------------------------|---|---|--|--|---------|--------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit bord Dispos (Instr. 3, 4) | ed of (| | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 02/04/2005 | | M | 12,500 | A | \$ 33.325 | 14,230 | D | |
| Common Stock | 02/04/2005 | | S | 9,500 | D | \$ 59.06 | 4,730 | D | |
| Common Stock | 02/04/2005 | | S | 3,000 | D | \$ 59.51 | 1,730 | D | |
| Common Stock | 02/04/2005 | | M | 25,000 | A | \$ 32.675 | 26,730 | D | |
| Common Stock | 02/04/2005 | | S | 25,000 | D | \$ 59 | 1,730 | D | |

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| Common Stock | 02/04/2005 | M | 12,500 | A | \$ 40.675 | 14,230 | D |
|-----------------|------------|---|--------|---|--------------|--------|---|
| Common Stock | 02/04/2005 | S | 12,500 | D | \$ 59.5 | 1,730 | D |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

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. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exerci Expiration Da (Month/Day/Y | te | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|---|--|---|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options | \$ 33.325 | 02/04/2005 | | M | 12,500 | 10/18/2002 | 10/18/2011 | Common Stock | 12,500 |
| Stock Options | \$ 32.675 | 02/04/2005 | | M | 25,000 | 08/16/2003 | 08/16/2012 | Common Stock | 25,000 |
| Stock Options | \$ 40.675 | 02/04/2005 | | M | 12,500 | 08/27/2004 | 08/27/2013 | Common Stock | 12,500 |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

POST WILLIAM J /OH/ 1010 MURRY RIDGE LANE President Homecare MURRYSVILLE, PA 15668

Signatures

Dorita A. Pishko; 02/08/2005 Attorney-in-Fact

**Signature of Reporting Person Date

2 Reporting Owners

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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.