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NOZKO HENRY W III Form 5 February 01, 2005 FORM 5

Check this box if

no longer subject

to Section 16.

5 obligations

may continue. See Instruction

1(b).

Reported

NOZKO HENRY W III

FARMINGTON, CTÂ 06032

Form 4 Transactions Reported

Form 4 or Form

OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 January 31, Expires: 2005 Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per **OWNERSHIP OF SECURITIES** response... 1.0 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Symbol

ACMAT CORP [ACMT.OB]

			ACMAI COM [ACMII.OD]	(Check all applicable)
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	(Check an applicable)
			(Month/Day/Year)	_X_ Director 10% Owner
			12/31/2004	Officer (give title Other (specify
127 TUNXI	S VILLAGE			below) below)
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Reporting
			Filed(Month/Day/Year)	

(check applicable line)

X Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tabl	e I - Non-Der	ivative Se	curitie	s Acqui	red, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	(D) (Instr. 3, 4 and 5) (A) or		l of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A	Â	Â	Â	Amount Â	(D) Â	Â	13,650	D	Â
Common Stock	12/29/2004	Â	G	1,000	А	\$ 9.56	10,100	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	2,000	Ι	Spouse (2)

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.

SEC 2270 (9-02)

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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)	Number		(Month/Day/Year) vative rities hired or osed 0) r. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase	\$9	Â	Â	Â	Â	Â	12/20/2002	06/20/2012	ACMTA	20,000 (1)
Option to purchase	\$ 12.22	Â	Â	Â	Â	Â	09/15/2004	03/15/2014	ACMTA	7,000
Option to purchase	\$ 12.22	Â	Â	Â	Â	Â	09/15/2004	03/15/2014	ACMTA	7,000 (3)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NOZKO HENRY W III 127 TUNXIS VILLAGE FARMINGTON, CT 06032	ÂX	Â	Â	Â			

Signatures

Henry W. Nozko, III	02/01/2005				
<u>**</u> 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) These options vest at the rate of 2,000 per year.
- (2) I disclaim beneficial ownership of these shares owned by my wife, Sage Nozko.
- (3) These options vest at the rate of 1,400 per year.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.