Edgar Filing: Simoncini Matthew - Form 4

Form 4													
August 19, 20	009												
FORM	4		a-------------							OMB APPROVAL			
	Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer										Expires:	January 31,		
subject to Section 16.				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per				
Form 4 or Form 5				~ ~ ~ ~		~ · ·	-			response 0.			
obligation	· .							•	e Act of 1934,				
may conti	nue. Section 170		of the In	•		. .			1935 or Section	n			
<i>See</i> Instru 1(b).	ction	50(II)	or the m	vestille	111	company	Act	01 1 74	10				
(Print or Type R	esponses)												
Simoncini Matthew Symbo									5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	Earliest	Tra	insaction			(Chee	k all applicable)		
			h/Day/Year)					Director 10% Owner X_ Officer (give title Other (specify below) Sr. VP & CFO					
			08/18/20	8/18/2009									
			4. If Ame	If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
SOUTHFIE	LD, MI 48033									Iore than One Re			
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	ned	13.4. Securities Acquired					5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)		on Date, if Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5)				Securities	Form: Direct Ind					
(Instr. 3)		any (Month/D				(Instr. 3, 4	and 5)	Beneficially Owned		Beneficial Ownership		
			Day/Year) (Instr. 8)					Following	(Instr. 4)	(Instr. 4)			
							(A)		Reported Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	08/18/2009			S			D	\$ 0.24	0	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 Derivative2.Derivative SecurityConversion or Exercise(Instr. 3)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	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			(Instr. 3, 4, and 5)				Amount		
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Simoncini Matthew 21557 TELEGRAPH ROAD SOUTHFIELD, MI 48033			Sr. VP & CFO				
Signatures							
/s/ Karen Rosbury, as Attorney in Fact							
**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.