## Edgar Filing: MIDDLETON PAUL B - Form 4

MIDDLET	ON PAUL B										
Form 4											
February 12	2, 2010										
FORM	<b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PPROVAL		
	UNITED	STATES S		RITIES A			IGE	COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF C				CHANGES IN BENEFICIAL OWNERSHIP OF						January 31,	
										2005	
Section		SECURITIES						Estimated average burden hours per			
	Form 4 or								response	•	
Form 5 obligati	ong *							ge Act of 1934,			
may coi				-	-	~ •		of 1935 or Secti	on		
See Inst	ruction	30(h) o	t the Ir	nvestment	Compai	iy Act	of 19	940			
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>and</b> Tick					l Ticker or				of Reporting Per	rson(s) to	
MIDDLETON PAUL B			Symbol ROGERS CORP [ROG]					Issuer			
								(Check all applicable)			
(Last)	(First) (	Middle) 3	3. Date o	of Earliest T	ransaction					- /	
				Day/Year)				Director		% Owner	
C/O ROGE		(	)2/10/2	2010				X Officer (gir below)	ve title Off below)	ner (specify	
	ATION, ONE	DOV						Cor	rporate Treasure	er	
188	LOGY DRIVE PC	BOX									
100											
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
		ł	filed(Mo	onth/Day/Yea	r)			Applicable Line) _X_ Form filed by	One Reporting P	erson	
ROGERS	CT 06263-0188							Form filed by			
,	0100200 0100							Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securit	ies Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	I	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		ate, if	Transactio	•			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Day/Year)		Code Disposed (Instr. 8) (Instr. 3, 4				-	(D) or Indirect (I)	Beneficial Ownership	
		(Wond) Day	/1011)	(111501.0)	(111501. 5),	+ and 5)		Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) P	Price	(msu. 5 allu 4)			
Reminder: Re	port on a separate line	e for each clas	s of secu	urities benef	ficially ow	ned dire	ctly or	indirectly			
	1						, , , , , , , , , , , , , , , , , , , ,				

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number pool Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and An Underlying Sec (Instr. 3 and 4)	curities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numl of Share
Employee Stock Option (Right to Buy)	\$ 24.2	02/10/2010		A	1,750	02/10/2012 <u>(1)</u>	02/10/2020	Capital (Common) Stock	1,7:

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MIDDLETON PAUL B C/O ROGERS CORPORATION ONE TECHNOLOGY DRIVE PO BOX 188 ROGERS, CT 06263-0188			Corporate Treasurer			
Signatures						
Alice R. Tetreault as Power of Attorney	02/12/201	0				
**Signature of Reporting Person	Date					
Explanation of Deenenee	~					

## 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) This Non-Qualified Stock Option was granted pursuant to the 2009 Long-Term Equity Compensation Plan and is exercisable in one-third increments on the second, third and fourth anniversary dates of the grant.

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.