Edgar Filing: BAKER MICHAEL CORP - Form 4

BAKER MIC	CHAEL CORP										
Form 4											
April 28, 200)8										
FORM	4		~ ~ ~ ~ ~			~			OMB AF	PROVAL	
	UNITED	STATES :		SITIES Al Shington, 1			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long	er		~~~	~~~~					Expires:	January 31, 2005	
subject to	, SIAIEN	IENT OF	CHAN			ICIA		NERSHIP OF	Estimated a		
Section 10				SECUR	ITIES				burden hou		
Form 4 or Form 5		suppt to Se	action 1	6(a) of the	Securit	ios F	vehang	e Act of 1934,	response	0.5	
obligation	¹⁸ Section 170						U	² 1935 or Section	,		
may conti	inue.			vestment (•	· ·	•		I		
See Instru 1(b).	iction	50(11) 0	f the m	vestment	compun	.y 110	. 01 17 1	0			
1(0)											
(Print or Type R	Responses)										
	ddress of Reporting			Name and	Ticker or	Tradi	ng	5. Relationship of I Issuer	Reporting Pers	son(s) to	
MURRAY J	IOHN E		Symbol				WD1	Issuel			
			BAKER	R MICHAI	EL COR	P [B	KRJ	(Check	all applicable	2)	
(Last)	(First) (N			Earliest Tra	ansaction						
			(Month/D	-				X_ Director Officer (give t		Owner er (specify	
100 AIRSID	DEDRIVE		04/24/20	008				below)	below)	a (speeny	
	(Street)	4	4. If Ame	ndment, Dat	te Origina	1		6. Individual or Joi	int/Group Filin	g(Check	
]	Filed(Mon	nth/Day/Year)				Applicable Line)		-	
								X Form filed by O Form filed by M			
MOON TOV	WNSHIP, PA 15	108						Person	ore than one Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-Do	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemo	ed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Transaction	n(A) or Di	spose	d of (D)		Form: Direct		
(Instr. 3)		any		Code	(Instr. 3,	4 and	5)	~	(D) or	Beneficial	
		(Month/Da	ay/rear)	(Instr. 8)					Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(mout i)	(11501.1)	
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common	04/24/2008			М	1,000	А	\$	11,500	D		
Stock	0 112 112000				1,000		21.73	11,000	-		

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNum	ber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise	• •	any	Code	of		(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8		vative	· ·		Secur		(Instr. 5)	Bene
(11541.5)	Derivative		(infolial Day) Fear)	(Insur o	Secu					. 3 and 4)	(Instr. 5)	Owne
									(insu	. 5 and 4)		
	Security				Acqu							Follo
					(A) c							Repo
					Disp	osed						Trans
					of (D)						(Instr
					(Insti	r. 3,						
					4, an	d 5)						
					.,							
				Code V	/ (A)	(D)	Date	Expiration	Title	Amount		
							Exercisable	Date		or		
										Number		
										of		
										Shares		
										Shares		

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Reporting Owners

Reporting Owner Name / Add	ress	Relationships							
Treporting of the Traine / Traine	Director	10% Owner	Officer	Other					
MURRAY JOHN E 100 AIRSIDE DRIVE MOON TOWNSHIP, PA 15	X 5108								
Signatures									
/s/Murray Jr., John E.	04/28/2008								
**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.