## Edgar Filing: Gillern Frank J - Form 4

Gillern Frank	k J											
Form 4												
January 07, 2												
FORM	14 UNITED	STATES	SECUR	TTIFS A	ND FXC	'HAN	IGE COM	MISSION		PROVAL		
	UNITED	SIAILS							OMB Number:	3235-0287		
Check th if no long	ger STATE								Expires:	January 31, 2005		
subject to Section 1 Form 4 o	6.					SECURITIES				verage s per		
Form 5		rsuant to S	Section 1	6(a) of th	e Securiti	es Ex	change Ac	et of 1934	response	0.5		
obligatio	ns Section 17						•	5 or Section				
may cont <i>See</i> Instru 1(b).	inue.			•	Company							
(Print or Type I	Responses)											
Gillern Frank J S			2. Issuer Name <b>and</b> Ticker or Trading Symbol ROGERS CORP [ROG]				,	5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest Tı	ransaction			(Check	an applicable)			
			(Month/D	•				_ Director		Owner		
ONE TECH BOX 188	INOLOGY DRI	VE, P.O.	01/07/2	009			X belo	· · · · · · · · · · · · · · · · · · ·	below) Manufacturing	(specify		
	(Street)		4. If Ame	ndment, Da	ate Original		6. Ir	ndividual or Joi	nt/Group Filing	(Check		
				ed(Month/Day/Year) Ap				Applicable Line)				
ROGERS, C	CT 06263-0188							Form filed by Mo	ne Reporting Persone than One Rep			
(City)	(State)	(Zip)	Tabl	a I. Nam F	Santara diara D			Diamana da f	an Dan affatalla	. O d		
	· · ·	-					-		or Beneficially			
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securition on Disposed of (Instr. 3, 4) Amount	of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s (Instr. 3 and 4	Ownership Form: Direct (D) or Indirect (I) ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Capital	01/07/2000			<b>T</b> (1)	007 040	•	\$	2,128.396	D			
(Common)	01/07/2009			J <u>(1)</u>	237.243	А	23.6045	(2)	D			

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

Stock

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Gillern Frank J ONE TECHNOLOGY DRIVE P.O. BOX 188 ROGERS, CT 06263-0188			VP Corp Manufacturing					
Signatures								
Alice R. Tetreault as Power of Attorney		01/07/2	01/07/2009					
**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) This report is being filed voluntarily to report the acquisition of shares (at a discount price) by the reporting person under the Rogers Corporation Global Stock Ownership Plan for Employees (an employee stock purchase plan) in a transaction exempt under Rule 16b-3.
- (2) Mr. Gillern also indirectly owns 5,670.1934 shares of Rogers Corporation Capital (Common) Stock through the company's 401(k) plan.

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.