Edgar Filing: CEDAR SHOPPING CENTERS INC - Form 4

| CEDAR SHO Form 4 January 10, 2 | OPPING CEN 2008 | TERS INC | | | | | | | | | |
|--|-----------------------------------|---------------------------------------|-----------------------------------|---|--|-------------------|---------------------|--|---|----------------------|--|
| FORM | 14 | | | | | | | | OMB AF | PROVAL | |
| CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549 | | | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | GES IN I SECUR | | ICIA | LOWI | NERSHIP OF | Expires: January 3 20 Estimated average burden hours per response 0 | | |
| Form 5 obligation may cont See Instru 1(b). | Filed Filed finue. | 17(a) of the | Public U | | ling Con | ipany | Act of | e Act of 1934, 71935 or Section 0 | · | 0.5 | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Mozzachio Nancy Syr | | | Symbol | r Name and R SHOPPI DR] | | | 0 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 44 S. BAYL | (First) LES AVENUE | (Middle) | 3. Date of (Month/D 01/09/2 | - | ansaction | | | Director X_Officer (give below) | | Owner er (specify | |
| | | | | ndment, Da nth/Day/Year) | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | a | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | Date 2A. Deen ear) Executio any | | e I - Non-D 3. Transactio Code (Instr. 8) Code V | 4. Securi on(A) or Di (Instr. 3, | ties Ao sposeo | cquired d of (D) | uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| Common Stock | 01/09/2008 | | | A <u>(1)</u> | 4,965 | A | \$ 10.07 | 27,928 | 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)

| 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. Transact Code (Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and unt of rlying tities . 3 and 4) | 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 | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | | |
|--|-----------|---------------|-----------|----------------|-------|--|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | | |
| Mozzachio Nancy 44 S. BAYLES AVENUE PORT WASHINGTON, N | Y 11050 | | | Vice President | | | | | |
| Signatures | | | | | | | | | |
| /s/ Nancy Mozzachio | 01/10/200 | 8 | | | | | | | |

<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) The shares of Common Stock become payable pursuant to the Cedar Shopping Centers 2004 Stock Incentive 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.