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STEELE ROBERT H
Form 4
August 09, 2001

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/ OMB APPROVAL /
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| FORM 4 |
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U.S. SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

Check this box if
no longer subject
to Section 16.
Form 4 or Form 5
obligations may
continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities
Exchange Act of 1934, Section 17(a) of the
Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

Steele, Robert H.

(Last) (First) (Middle)

138 River Road

(Street)

Essex CT 06426

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol Moore Medical Corp. (MMD)

3. IRS or Identification Number of Reporting Person if an entity
(Voluntary) -----

4. Statement for Month/Year 07/01

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

