

SI INTERNATIONAL INC  
Form 4  
February 14, 2003

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

**FORM 4**

**OMB APPROVAL**

o Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

**STATEMENT OF  
CHANGES IN BENEFICIAL OWNERSHIP**

OMB Number: 3235-0287  
Expires: January 31, 2005  
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See Instruction 1(b).

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)

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|---|---|--|
| <p>1. Name and Address of Reporting Person*</p> <p style="text-align: center;">Lloyd Thomas E.</p> <hr/> <p style="text-align: center;">(Last) (First) (Middle)</p> <p style="text-align: center;">12012 Sunset Hill Road, Suite 800</p> <hr/> <p style="text-align: center;">(Street)</p> <p style="text-align: center;">Reston VA 20190</p> <hr/> <p style="text-align: center;">(City) (State) (Zip)</p> | <p>2. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p style="text-align: center;">SI International, Inc. (SINT)</p> <hr/> <p>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)</p> <p style="text-align: center;">2/12/03</p> <hr/> <p>4. Statement for Month/Day/Year</p> <hr/> <p>5. If Amendment, Date of Original (Month/Day/Year)</p> | <p>6. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)</p> <p style="text-align: center;">Vice President, Corporate Development</p> <hr/> <p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p> |
|---|---|--|

**Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
|                                 |                                      |  | Code V                         | Amount (A) or (D)   | Price   |  |   |
|                                 |                                      |  |                                |   |   |  |   |
|                                 |                                      |  |                                |   |   |  |   |
|                                 |                                      |  |                                |   |   |  |   |
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|                                 |                                      |  |                                |   |   |  |   |

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

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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 control number. (Over)  
SEC 1474  
(3-00)

**Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
*(e.g., puts, calls, warrants, options, convertible securities)*

| 1. Title of Derivative Security<br>(Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) |   | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) |     |                  |                 |
|---|--|---|-----------------------------------|--|---|---|-----|------------------|-----------------|
|   |  |   |                                   | Code   | V | (A)   | (D) | Date Exercisable | Expiration Date |
| Stock Option (right to buy)                   | \$11.19  | 2/12/03                                 | J(1)                              |  |   | 5,380   |     | 1/31/04          | 1/31/13         |
|   |  |   |                                   |  |   |   |     |                  |                 |
|   |  |   |                                   |  |   |   |     |                  |                 |
|   |  |   |                                   |  |   |   |     |                  |                 |
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|   |  |   |                                   |  |   |   |     |                  |                 |
|   |  |   |                                   |  |   |   |     |                  |                 |

| 7. Title and Amount of Underlying Securities<br>(Instr. 3 and 4) | 8. Price of Derivative Security<br>(Instr. 5) | 9. Number of Derivative Securities Beneficially Owned At End of Month<br>(Instr. 4) | 10. Ownership Form of Derivative Securities: Direct (D) or Indirect (I)<br>(Instr. 4) | 11. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|--|---|---|---|---|
|--|---|---|---|---|

| Title        | Amount or Number of Shares | V | (A) | (D) |
|--------------|----------------------------|---|-----|-----|
| Common Stock | 5,380                      |   |     | D   |

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**Explanation of Responses:**

(1) Granted by the Compensation Committee of the Board of Directors of the issuer for no consideration.

/s/ Thomas E. Lloyd

2/13/03

\*\*Signature of Reporting Person

Date

\*\* 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.