Edgar Filing: Schillings Walter - Form 4

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Form 4										
February 25	ЛЛ	~~.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				~~~ .		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check th if no lon subject t Section Form 4 d	IGES IN SECUR		Expires: Estimated burden hou response	urs per						
Form 5 obligation may con <i>See</i> Instr 1(b).	ons Section 17	(a) of the Pu	ıblic U		ding Cor	npan	y Act	nge Act of 1934, of 1935 or Secti 940		
(Print or Type	Responses)									
1. Name and A Schillings V	Address of Reporting Walter	S F	Symbol FRANH	r Name and KLIN ELI SHERS II	ECTRON	NIC	ng	5. Relationship o Issuer (Cho	of Reporting Per eck all applicabl	
	KLIN ELECTRO ERS, INC., ONE	(Middle) 3 (1	8. Date o	f Earliest Ti Day/Year)	_	-		Director X Officer (gi below) Ma		% Owner her (specify r
			d(Month/Day/Year) Applica _X_Fo					vidual or Joint/Group Filing(Check ble Line) m filed by One Reporting Person m filed by More than One Reporting		
(City)	(State)	(Zip)						Person		
	· · ·	-					ities A	cquired, Disposed		-
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ate, if	3. Transaction Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5 (A) or) 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)
Damindam D		- fh - 1	6	Code V			Price			
Kennider: Rej	port on a separate line	e for each class	s of sect	indes bener	iciany ow	neu di	lecuy c	n mullecuy.		

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:		
				Code '	V ((A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Options	\$ 7.5	02/24/2010		D		5	5,000	(3)	06/23/2010	Common Stock	5,000	
Options	\$ 3.5	02/24/2010		D		9	9,952	(2)	03/11/2012	Common Stock	9,952	
Options	\$ 1.2	02/24/2010		D			750	<u>(1)</u>	02/26/2012	Common Stock	750	0
Options	\$ 2.7	02/24/2010		D		3	3,000	(2)	10/08/2013	Common Stock	3,000	
Options	\$ 3.84	02/24/2010		D		5	5,000	(2)	10/04/2014	Common Stock	5,000	
Options	\$ 3.8	02/24/2010		D		5	5,000	(2)	10/31/2015	Common Stock	5,000	
Options	\$ 3.82	02/24/2010		D		7	,500	(2)	10/01/2017	Common Stock	7,500	
Options	\$ 1.4	02/24/2010		D		1	,250	<u>(1)</u>	10/07/2018	Common Stock	1,250	0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schillings Walter C/O FRANKLIN ELECTRONIC PUBLISHERS, INC. ONE FRANKLIN PLAZA BURLINGTON, NJ 08016-4907			Managing Director				
Signatures							

/s/ Walter	02/24/2010
Schillings	02/24/2010

<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) These options were cancelled in connection with the Merger for a cash payment per underlying share equal to the difference between the exercise price and \$2.50.
- (2) These options were cancelled without consideration in connection with the Merger.
- (3) These options were cancelled without consideration in connection with the merger (the "Merger") of Saunders Acquisition Corporation with and into the Issuer.

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.