Edgar Filing: STONERIDGE INC - Form 4

| Form 4 | | | | | | | | | | | |
|--|---|-------------|---|--|--|---------------------------|---|--|--|---|--|
| March 04, 2 | ЛЛ | ~~.~~~ | ~~~~ | | | ~~~ . | | | OMB AI | PPROVAL | |
| | • • UNITED | STATES | | | | | NGE CO | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES | | | | | ERSHIP OF | Expires: Estimated a burden hou response | • | |
| Form 5 obligation may corn <i>See</i> Instru- 1(b). | Filed pur ons Section 17(| a) of the I | Public U | | ding Cor | npan | y Act of | Act of 1934, 1935 or Section) | | 0.0 | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Corey John C | | | 2. Issuer Name and Ticker or Trading Symbol STONERIDGE INC [SRI] | | | | 0 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (. | Middle) | 3. Date o | f Earliest T | ransaction | | | (Check | ан аррисави | ;) | |
| 9400 EAST MARKET STREET 03/02/2 (Street) 4. If Ame | | | | Month/Day/Year))3/02/2011 | | | | X Director 10% Owner X Officer (give title Other (specify below) President and CEO | | | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| WARREN | , OH 44484 | | | | | | | Form filed by M Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | Secur | ities Acqu | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | 4. Securit ord Dispos (Instr. 3, 4 | ed of (4 and 5 (A) | (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| G | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Shares, without par value | 03/02/2011 | | | F | 23,330 | D | \$ 15.285 | 918,138 | 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.

Edgar Filing: STONERIDGE INC - Form 4

 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. Transactic Code (Instr. 8) | 5. orNumber 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 Secur 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 | | | | | | | |
|---|---------------|-----------|-------------------|-------|--|--|--|--|
| Reporting O when Planter Plantess | Director | 10% Owner | Officer | Other | | | | |
| Corey John C 9400 EAST MARKET STREET WARREN, OH 44484 | Х | | President and CEO | | | | | |
| Signatures | | | | | | | | |
| /s/ Robert M. Loesch, by power of attorney | f 03/04/2011 | | | | | | | |
| **Signature of Reporting Person | | | | | | | | |

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).

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.