Edgar Filing: WALTERMIRE MARK D - Form 4

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Form 4 November 04	4 2009										
FORN	Л	STATES	SECUR	ITIFS A	ND FX	сна	NGEO	OMMISSION		PPROVAL	
Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer							Expires:	January 31, 2005			
subject to Section 1 Form 4 o	CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Estimated average burden hours per response				
Form 5 obligation may cont See Instru 1(b).	ns Section 17(a	a) of the l	Public U		ling Con	npan	y Act of	e Act of 1934, f 1935 or Section 40	n		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> WALTERMIRE MARK D			2. Issuer Name and Ticker or Trading Symbol LACLEDE GROUP INC [LG]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	(First) (Middle) 3. Date of Earliest Transaction				(Check all applicable) <u>X</u> Officer (give title 10% Owner (X_Officer (give title 0 ther (specify below) Chief Financial Officer					
720 OLIVE STREET			(Month/Day/Year) 11/02/2009								
				Amendment, Date Original (Month/Day/Year)				 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)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	11/02/2009			F	973 <u>(1)</u>	D	\$ 30.44	17,054	D		
Common Stock	11/04/2009			А	6,500 (2)	А	\$0	23,554	D		
Common Stock								2,755	I	company stock fund in 401(k) plan (3)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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)	4. Transactic Code (Instr. 8)		Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)		7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
WALTERMIRE MARK D 720 OLIVE STREET ST. LOUIS, MO 63101			Chief Financial Officer					
Signatures								

Mark D. Waltermire 11/04/2009 **Signature of Date

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).
- The shares reported on this line represent shares withheld for tax purposes from the performance contingent restricted stock granted in (1) November 2006 and that vested on November 2, 2009, an exempt transaction under Rule 16b-3(e).

Award of 5,000 shares of performance contingent restricted stock with vesting contingent upon performance during performance period (2) ending 9/30/2012 and 1,500 shares of restricted stock with vesting occurring in November 2012, all shares awarded under the Company's

- 2006 Equity Incentive Plan.
- Shares held in Company stock fund of 401(k) plan as reported by trustee as of September 30, 2009 and purchased through regular (3)deferrals under the 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.