Edgar Filing: BONTEMPO ROBERT N - Form 4

| BONTEMPO | ROBERT N | | | | | | | | | |
|--|---|--------------------|--|--|---|-------------|--|--------------------------------------|--|--|
| Form 4 | | | | | | | | | | |
| May 31, 2011 | | | | | | | | | | |
| FORM | 4 | | | | | | | | PPROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe | r | | | | | | | Expires: | January 31, 2005 | |
| subject to | GES IN BENEFICIAL OW | | | | NERSHIP OF | Estimated a | ted average | | | |
| Section 16 | | SECUR | SECURITIES | | | | burden hou | | | |
| Form 4 or Form 5 | Filed pure | uant to Section 1 | 6(a) of the | Securiti | es Er | vehand | A of $103/$ | response | 0.5 | |
| obligations | ⁸ Section $17(a$ |) of the Public U | | | | • | · · · · | n | | |
| may contir <i>See</i> Instruc 1(b). | nue. | 30(h) of the In | • | • | • • | | | 11 | | |
| (Print or Type Re | esponses) | | | | | | | | | |
| 1. Name and Ad BONTEMPC | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| MICHA | | | AEL BAKER CORP [BKR] | | | | | | | |
| (Last) (First) (Middle) 3. Date | | | te of Earliest Transaction | | | | (check an approacte) | | | |
| (Street) 4. If Amer | | | - | | | X_ Director | | 6 Owner | | |
| | | | 05/26/2011 | | | | Officer (give title Other (specify below) | | | |
| | | | Amendment, Date Original (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | Applicable Line) | | | |
| MOON TOW | NSHIP, PA 151 | 08 | | | | | _X_ Form filed by 0 Form filed by N Person | One Reporting Po More than One Ro | | |
| (City) | (State) (2 | Zip) Tabl | a I Non D | orivotivo S | loouri | tios A a | quired, Disposed of | f or Bonoficia | lly Ownod | |
| | | | | | | ues Au | | | - | |
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | Execution Date, if | | TransactionAcquired (A) or Code Disposed of (D) | | | Securities Beneficially | Form: Direct (D) or | 7. Nature of Indirect Beneficial | |
| (Instr. 3) | () | any | | | | | | | | |
| | | (Month/Day/Year) | (Instr. 8) (Instr. 3, 4 and 5) | | | ndirect (I) | Ownership (Instr. 4) | | | |
| | | | | | | | Reported | Instr. 4) | (Instr. 4) | |
| | | | | | (A) or | | Transaction(s) | | | |
| | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 05/26/2011 | | А | 1,500 | А | \$0 | 22,500 | 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.

 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) | Year) Execution Date, if Transaction Deriva any Code Securitie (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed (D) | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, | of | 6. Date Exercis Expiration Dat (Month/Day/Y | te | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|--|--------|---|----|---|--------------------|---|--|
| | | | | Code V | (A) (I | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 25.18 | 05/26/2011 | | A | 2,000 | | 11/26/2011 | 05/26/2021 | Common Stock | 2,000 |

Reporting Owners

| Reporting Owner Name / Addr | 'ess | Relationships | | | | | | |
|----------------------------------|------------|---------------|---------|-------|--|--|--|--|
| hepotong o who i kuno (i kuno | Director | 10% Owner | Officer | Other | | | | |
| BONTEMPO ROBERT N | | | | | | | | |
| 100 AIRSIDE DRIVE | Х | | | | | | | |
| MOON TOWNSHIP, PA 15 | | | | | | | | |
| Signatures | | | | | | | | |
| /s/Bontempo, | | | | | | | | |
| Robert N. | 05/31/2011 | | | | | | | |
| 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).

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.