## Edgar Filing: KRUEGER KENNETH W - Form 4

KRUEGEF	R KENNETH W									
Form 4										
December	14, 2010									
FOR	И 4						OMB APF	PROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box							Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN							Estimated average			
Section 16. SECURITIES						burden hours per				
Form 4 Form 5		~ .					response	0.5		
obligati	iana Pileu pu	rsuant to Section			-					
may co	ntinue. Section 17	(a) of the Public $20(h)$ of the	• •	· ·		35 or Section				
<i>See</i> Ins 1(b).	truction	50(II) 01 the	Investment Con	iipaiiy Act	01 1940					
(Print or Type Responses)										
· • • •	•									
	Address of Reporting	g Person <u>*</u> 2. Issu	ler Name <b>and</b> Tick	er or Trading	5. F	Relationship of R	eporting Person	n(s) to		
KRUEGER KENNETH W Symbol Issuer					ıer					
MANITOWOC CO INC [MTW]					(Check	ck all applicable)				
(Last) (First) (Middle) 3. Da			of Earliest Transac	ction		(Check an applicable)				
2400 S. 44TH STREET (Month 12/13			h/Day/Year)			Director	10% C			
			/2010	Officer (give title Other (specify below)						
	(Street)	4. If Ar	Amendment, Date Original 6. I			Individual or Joint/Group Filing(Check				
Filed(			Ionth/Day/Year)			plicable Line) _ Form filed by One Reporting Person				
						Form filed by On Form filed by Mo				
MANITO	WOC, WI 54220				Pers		1	U		
(City)	(State)	(Zip) Ta	ble I - Non-Deriva	ative Securit	ies Acquire	d, Disposed of,	or Beneficially	Owned		
1.Title of	2. Transaction Date			urities Acqui	red (A) or	5. Amount of	6.	7. Nature		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	TransactiorDisposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially	Ownership Form:	of Indirect Beneficial		
(msu: 5)		(Month/Day/Year)	(Instr. 8)	5, 1 and 5)		Owned	Direct (D)	Ownership		
						Following	or Indirect	(Instr. 4)		
				(A)		Reported Transaction(s)	(I) (Instr. 4)			
			Code V	or	Drive	(Instr. 3 and 4)				
Common			Code V Amo		Price \$					
Stock	12/13/2010		A $(1)$	A A	, 13.1923	55,065.4834	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNum	ber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise	· · ·	any	Code	of		(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	vative	e		Secur	ities	(Instr. 5)	Bene
	Derivative			(		rities				. 3 and 4)	(	Owne
	Security				Acqu				(mou	. 5 und 1)		Follo
	Security				(A) (							Repo
												Trans
					Disp							
					of (E	·						(Instr
					(Inst							
					4, an	d 5)						
				Code V	(A)	(D)	Date	Expiration	Title	Amount		
				00000	()	(2)	Exercisable	Date	11000	or		
							Excleisable	Dute		Number		
										of		
										Shares		
										Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
KRUEGER KENNETH W 2400 S. 44TH STREET MANITOWOC, WI 54220								
Signatures								
Maurice Jones, by Power of Attorney		12/14/2010	)					

<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) Includes amount and purchase price of common stock units acquired in an exempt transaction pursuant to dividend reinvestment provisions of the Deferred Compensation 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.