Edgar Filing: Nolden Dean J - Form 4

Nolden Dean	J										
Form 4	10										
March 01, 20											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION					OMB APPROVAL					
	UNII	DSIAIL		hington,				OMB Number:	3235-0287		
Check thi					210120			Expires:	January 31,		
if no long subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP					WNERSHIP OF	•	2005			
Section 1		SECURITIES						Estimated average burden hours per			
Form 4 or								response	•		
Form 5 obligatior	· ~ · · · · · · · · · · · · · · · · · ·	•					ange Act of 1934,				
may conti	nue. Section						t of 1935 or Sectio	n			
See Instru	ction	30(n)) of the In	vestment	Compan	y Act of	1940				
1(b).											
(Print or Type R	(esponses)										
1. Name and A	2. Issuer	Name and	Ticker or 7	Frading	-	5. Relationship of Reporting Person(s) to					
Nolden Dean J			Symbol				Issuer				
			MANIT	OWOC C	O INC [MTWJ	(Chec	k all applicable	e)		
(Last)	(First)	(Middle)		Earliest Tra	ansaction						
2400 S. 44TH STREET			(Month/Day/Year) 02/28/2012				Director Officer (give	Director 10% Owner Officer (give title Other (specify			
2400 5. 441	II SI KEET		02/28/20	512			below)	below)			
							VP Fin	ance & Treasu	rer		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)	1		Applicable Line) _X_ Form filed by One Reporting Person				
MANITOW	OC, WI 5422	0					Form filed by M	Iore than One Re			
							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securities .	Acquired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction					5. Amount of	6. Ownership 7				
Security (Instr. 3)	(Month/Day/Y		on Date, if	Transactic Code	onAcquired Disposed		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		any (Month/	/Day/Year)	(Instr. 8)			Owned	Indirect (I)	Ownership		
			•		•		Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Prie	(Instr. 3 and 4)				
Common				Coue v	Amount	(D) Ph	10,030.5707		RSVP		
Stock							<u>(1)</u>	Ι	401k Plan		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisat Expiration Date (Month/Day/Yea	
				Code V	(A) (D)	Date Exercisable	Expiration Date
02.28.2012OfficerStockOption	\$ 16.28	02/28/2012		А	11,600 (2)	02/28/2013 <u>(3)</u>	02/28/20

Reporting Owners

Reporting Owner Name / Address	Relationships					
L O	Director	10% Owner	Officer	Other		
Nolden Dean J 2400 S. 44TH STREET MANITOWOC, WI 54220			VP Finance & Treasurer			

Signatures

Maurice Jones, by Power of

Attorney

**Signature of Reporting Person

03/01/2012 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).

Net increase of 222.8006 shares occurring between 12/31/10 and 12/31/11 under the Companys 401(k) plan, due to acquisitions
 of shares plan maintenance fees and required plan forfeitures and withdrawals under IRC safe harbor rules all of which are exempt from Section 16(b) pursuant to rule 16b-3 and exempt from reporting pursuant to rule 16a-3(f)(1)(i)(B).

- (2) Options granted under The Manitowoc Company, Inc. 2003 Incentive Stock and Awards Plan.
- (3) Options vest in 25% increments annually beginning on date indicated.

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.