Edgar Filing: LEVENICK STUART L - Form 4

LEVENICK S	STUART L												
Form 4													
October 31, 2	2011												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL					
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287					
Check this box if no longer								Expires:	January 31, 2005				
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O								NERSHIP OF	Estimated a	Estimated average		
Section 16		SECURITIES								burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								response	0.5		
obligation								-	f 1935 or Section	n			
may contin	nue.		of the Inv	•		•				11			
See Instruction 1(b).	ction	50(11)	of the m	vestine	int C	Joinpun.	y 110t	0117	10				
1(0).													
(Print or Type R	esponses)												
		~ *											
1. Name and Ac LEVENICK	ddress of Reporting	g Person _		Name a	nd	Ficker or 7	Fradin	g	5. Relationship of Issuer	f Reporting Person(s) to			
LEVENICK	Symbol		пτ		T								
CA				PILLA	KI	NC [CA	.1]		(Check all applicable)				
(Last)	(First)	(Middle) 3. Date of Earliest Transaction											
				ay/Year)				Director X Officer (give	b Owner er (specify			
100 N.E. ADAMS STREET			10/27/20)11					below) below)				
									Gro	oup President			
(Street) 4. If A				ndment,	Date	e Original			6. Individual or Joint/Group Filing(Check				
	Filed(Mon	th/Day/Y	ear)				Applicable Line) _X_ Form filed by One Reporting Person						
PEORIA, IL	61620 7250								Form filed by N				
I LORIA, IL	01027-7250								Person				
(City)	(State)	(Zip)	Table	e I - Nor	1-De	rivative S	Securi	ties Ac	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.		4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	·	ion Date, if Transaction Acquired (A) or							Form: Direct	Indirect		
(Instr. 3)		any (Month/	Code Disposed /Day/Year) (Instr. 8) (Instr. 3,							(D) or Indirect (I)	Beneficial Ownership		
		Duyricury	u. o) (msu. 5, 4 and 5)			5)		(Instr. 4)	(Instr. 4)				
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
C	10/07/0011			Code		Amount	~ /	Price		D			
Common	10/27/2011			G	V	1,000	D	\$0	142,605 <u>(1)</u>	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)

Edgar Filing: LEVENICK STUART L - Form 4

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. Transact Code (Instr. 8	tionN of D S A (A D of (I	tionNumber E of (.				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	V (4	A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Rela		
	Director	10% Owner	Officer	Other
LEVENICK STUART L 100 N.E. ADAMS STREET PEORIA, IL 61629-7250			Group President	
Signatures				
S. L. Levenick; L.J. Huxtable,				
POA		10/31/2011		
**Signature of Reporting Person		Date		
Explanation of Po	enon	0001		

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) This amount includes 4468 shares in 401K.

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.