Edgar Filing: SERVICEMASTER CO - Form 4

| SERVICEM | ASTER CO | | | | | | | | | | | |
|---|------------------------------------|------------------------------|------------------|--------------------------------|--------------------------|-----------|--|---|----------------------------|------------------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| February 24, | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | т | OMB APPROVAL | | | |
| | UNITE | USIAIES | | hington, | | | NGE | | OMB Number: | 3235-0287 | | |
| Check thi | s box | | vv a5 | inington, | D.C. 20. | | | | | January 31, | | |
| if no long | F CHAN | F CHANGES IN BENEFICIAL OWNE | | | | | Expires: | 2005 | | | | |
| | subject to STATEMENT OF CHAIN | | | | SECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 or | | | | | | | | | | response 0.5 | | |
| Form 5 obligation | | | | • • | | | • | ge Act of 1934, | | | | |
| may conti | nue. Section 1 | | of the Inv | • | • | - · | | of 1935 or Sectio | n | | | |
| See Instru 1(b). | ction | 50(II) | of the m | vestment | Company | y Act | . 01 19 | 40 | | | | |
| 1(0). | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| KAMEDICK EILEEN A | | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Symbol | | | | | | 155001 | | | | | | |
| . . | | SERVICEMASTER CO [SVM] | | | | | (Check all applicable) | | | | | |
| (Last) | (First) | (Middle) | | Earliest Tra | ansaction | | | _X_ Director | 100 | 6 Owner | | |
| (Month/D 3250 LACEY ROAD, SUITE 600 02/22/20 | | | - | | | | Officer (give title Other (specify | | | | | |
| | | | | 2005 | | | | below) below) | | | | |
| (Street) 4. If An | | | | Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Mon | | | nth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| DOWNERS | | | | | | | | Form filed by M | More than One R | | | |
| GROVE, IL | 60515-1700 | | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Tabl | I Non D | o niv otivo (| loonni | tion A a | quired, Disposed o | f or Ponoficia | lly Owned | | |
| 1 77'41 (| | | | | | | ues Au | | | - | | |
| 1.Title of Security | 2. Transaction D (Month/Day/Yea | on Date, if | 3. Transactio | 4. Securi | | or | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | | | |
| (Instr. 3) any | | | | Code Disposed of (D) | | | | Beneficially | (D) or | Beneficial | | |
| (Month/Day/Year) | | | | (Instr. 8) (Instr. 3, 4 and 5) | | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| | | | | | | | Reported | (1130. 4) | (| | | |
| | | | | | | (A) or | | Transaction(s) | | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | | |
| Common | 02/22/2005 | | | • | 2 505 | • | ¢ 0 | 2 505 | D | | | |
| stock \$.01 | 02/22/2005 | | | А | 3,595 | А | \$0 | 3,595 | D | | | |
| par value | | | | | | | | | | | | |

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 Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. 6. Date Exerci onNumber Expiration Da of (Month/Day/Y Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Date | 7. Title Amoun Underly Securiti (Instr. 3 | it of ying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|----------|---|---|---------------------------------------|--|---------------------|--------------------|---|--|---|--|
| Ponc | ortina (| wnore | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title M | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| r g ta ta ta ta ta | Director | 10% Owner | Officer | Other | | | | |
| KAMERICK EILEEN A 3250 LACEY ROAD, SUITE 600 DOWNERS GROVE, IL 60515-1700 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Sandra L. Groman by power of attorney | 02 | 2/24/2005 | | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | | | |
| Explanation of Responses: | | | | | | | | |

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.