Edgar Filing: ADELMAN ROBERT P - Form 4/A

ADELMAN H	ROBERT P											
Form 4/A												
November 23	, 2010											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this										January 31,		
subject to	if no longer subject to STATEMENT OF CHANC				GES IN BENEFICIAL OWN				Expires: Estimated a	2005 average		
Section 16		SEC							burden hours per			
Form 4 or Form 5	T:'1 1	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligations							-		n			
may contir	nue. Section 17(a) of the Inv	•	•			f 1935 or Sectio	011			
<i>See</i> Instruct 1(b).	ction	50(II)) of the fire	estinent (Jompany	Act	0117-	10				
(Print or Type Re	esponses)											
ADELMAN ROBERT P Symbol				Name and	Ficker or T	Trading	g	5. Relationship of Reporting Person(s) to Issuer				
				NORTH EUROPEAN OIL								
				ROYALTY TRUST [NRT]					(Check all applicable)			
(Last)	(First) (N	iddle)	3. Date of 1	Earliest Tra	nsaction			Director		Owner		
			(Month/Da	y/Year)				Officer (give below)	titleXOth below)	er (specify		
9 FOX TAIL	ROAD		11/04/20	08					Trustee			
(Street) 4.]			4. If Amen	dment, Date	e Original			6. Individual or Joint/Group Filing(Check				
				ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
AMELIA ISI	LAND, FL 32034	1	11/05/20	08					More than One Re			
(City)	(State) (Zip)										
(City)	(State)	21p)	Table	I - Non-De			ies Acq	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat							5. Amount of Securities	6. Ownership Form: Direct			
Security (Instr. 3)	(Month/Day/Year)	any	tion Date, if	Code Disposed of (D)					(D) or I Indirect (I)	Beneficial		
, ,		(Montl	h/Day/Year)					Owned		Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Units of				0000 1	mount	(2)	11100					
Beneficial	11/04/2008			Р	0	А	\$0	7,000 (1)	D			
Interest												

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: ADELMAN ROBERT P - Form 4/A

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relations		
	Director	10% Owner	Officer	Other
ADELMAN ROBERT P 9 FOX TAIL ROAD AMELIA ISLAND, FL 32034				Trustee
Signatures				
John R. Van Kirk by POA of co Adelman	ontinuing	duration for	Robert	P. 11/23/2010

**Signature of Reporting Person

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).

On November 4, 2008, the reporting person mistakenly filed a Form 4 reporting a purchase of 250 units of beneficial interst by a trust.

(1) The reporting person does not (and did not at the time of the filing) directly or indirectly beneficially own the units of beneficial interest purchased by the trust. As of November 4, 2008, the reporting person owned only 7,000 units.

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.

Date