Edgar Filing: Williams James Floyd - Form 4

Williams Jam	nes Floyd											
Form 4												
March 02, 20	06											
FORM	4										PPROVAL	
	UNITED	STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer										Expires:	January 31,	
subject to	STATEM	ENT O		GES IN BENEFICIAL OWNERS					NERSHIP OF	Estimated a	2005 average	
	Section 16. SECURITIES							burden hours per				
Form 4 or Form 5			Castian 16	(a) af	41	C	F -	1	A -+ -f 1024	response	response 0.5	
obligation	· · · · · · · · · · · · · · · · · · ·							-	ge Act of 1934, f 1935 or Sectio	n		
may conti	nue.		of the Inv	•		•	- ·			11		
See Instru 1(b).	ction	50(11)		counter		Joinpung	y 1 ici	0117	10			
(Print or Type R	esponses)											
		*									<i>.</i>	
	ddress of Reporting F	erson _		er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
Williams James Floyd Symbol				NGER FACTORY OUTLET					155401			
			CENTE		-		ILC	1	(Chec	k all applicable	e)	
(I+)		r:				-			Dimeter	100	0	
			te of Earliest Transaction th/Day/Year)					Director 10% Owner X Officer (give title Other (specify				
3200 NORT	HLINE AVENUI	E.	02/28/20	-					below)	below) sident & Contr	allan	
SUITE 360		,	02/20/20	00					vice Pie	sident & Contr	oner	
	(Street)		4. If Amen	dment,	Date	e Original			6. Individual or Jo	oint/Group Filin	ng(Check	
				(Month/Day/Year)					Applicable Line)			
									X Form filed by 0 Form filed by M			
GREENSBC	DRO, NC 27408								Person		eporting	
(City)	(State) (Zip)	Table	I - Non	-De	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Dec	emed	3.		4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	on Date, if TransactionAcquired (A) or							Form: Direct	Indirect		
(Instr. 3)		/Day/Year)	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership		
		(X	- /	(- /	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
				~ .			or		Transaction(s) (Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price				
Stock	02/28/2006			А		2,000 (1)	А	\$0	2,944	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)

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Williams James Floyd 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408			Vice President & Controller					
Signatures								
By: James F. Williams For: James F. Williams	03	/02/2006						
**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).

Represents grant of restricted shares approved by the Share and Unit Option Committee of the Company's Board of Directors on February(1) 28, 2006 under the Company's Amended and Restated Incentive Award Plan. The restricted shares vest and the restrictions cease to apply on twenty percent of the award on each anniversary date of the grant over a five-year period.

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.