Edgar Filing: CAPE OLWEN B - Form 4

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CAPE OLW	EN B										
Form 4											
May 01, 200	6										
FORM	IЛ									PPROVAL	
	UNITED) STATES		ITIES Al hington, l			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi				0 /					Expires:	January 31,	
-	if no longer STATEMENT OF CHAN			GES IN BENEFICIAL OW				NERSHIP OF		2005	
subject to Section 1					TIES				Estimated		
Form 4 or								burden hou response	•		
Form 5	Filed pu	irsuant to S	Section 16	5(a) of the	Securiti	es Ex	chang	ge Act of 1934,	reepeneen	0.0	
obligation	¹⁸ Section 17							f 1935 or Sectio	n		
may cont	inue.			vestment (•	• •					
<i>See</i> Instru 1(b).	iction	00(11)			compun.	,	01 17				
1(0).											
(Print or Type F	Responses)										
	•										
1. Name and A	ddress of Reportin	g Person [*]	2. Issuer	Name and '	Ticker or T	Fradin	σ	5. Relationship of	f Reporting Per	rson(s) to	
CAPE OLW	YEN B	-	Symbol				Б	Issuer			
53			OWENS & MINOR INC/VA/ [OMI]				OMI				
(T = 1)		0.0.1.11. \				, <i>11</i> , [.0	(Cheo	ck all applicabl	e)	
(Last)	(First)	(Middle)		Earliest Tra	insaction				100		
4900 COV I				(Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
4800 COX ROAD			04/27/2006					below) below)			
								V	ice President		
	(Street)		4. If Amer	ndment, Dat	e Original			6. Individual or J	oint/Group Fili	ng(Check	
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by			
GLEN ALL	EN, VA 23060							Form filed by I Person	More than One R	eporting	
		(77.)									
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	ar) Executio	on Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any	-	Code	Disposed			Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(111501.4)	(11150.4)	
						(A)		Transaction(s)			
				Code V	Amount	or	Drias	(Instr. 3 and 4)			
Common	04/27/2006			A A	500 Amount	(D) A	Price \$ 32	11,730	D		
Common	04/2//2000			A	500	A	φ 52	11,750	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number onof Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Da	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) 5	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common	\$ 32	04/27/2006		А	2,500	04/27/2009	04/27/2013	Common	2,500	

Reporting Owners

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
CAPE OLWEN B			Vice Dresident					
4800 COX ROAD GLEN ALLEN, VA 23060			Vice President					
Signatures								
Olwen B. Cape	05/01/2006							

Date

**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).

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.