#### Edgar Filing: ROWE JOHN W - Form 4

ROWE JOHN	N W										
Form 4											
November 20	, 2008										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no longe subject to Section 16 Form 4 or	SECUR	ITIES			NERSHIP OF	Estimated a burden hou response	urs per				
Form 5 obligation may contin <i>See</i> Instruct 1(b).	$\frac{s}{nue.}$ Section 17(a)	a) of the F	Public Ut		ling Com	pany	Act of	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
ROWE JOHN W Symbol				Name and N CORP		Trading	g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	(fiddle)	3. Date of	Earliest Tra	ansaction			(Chec	ck all applicable)		
				th/Day/Year)				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman and CEO			
	(Street)		4. If Amer	ndment, Dat	te Original			6. Individual or Jo	oint/Group Fili	ng(Check	
				nth/Day/Year)				Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code	on(A) or Dis (D) (Instr. 3, 4	sposed	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	11/18/2008			G	80,000 (1)	D	<u>(1)</u>	298,414 <u>(2)</u>	D		
Common Stock (401k Shares)								6,128 <u>(3)</u>	D		
Common Stock								3,500	Ι	Held by spouse	

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 (9-02)

#### Edgar Filing: ROWE JOHN W - Form 4

# 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno 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				
ROWE JOHN W 10 SOUTH DEARBORN STREET 54TH FLOOR CHICAGO, IL 60603	Х		Chairman and CEO					
Signatures								
Scott N. Peters, Attorney in Fact for Rowe		11/18/2008						
**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).
- (1) Gift to Family Charitable Trust made pursuant to a rule 10b5-1 trading plan entered into on May 14, 2008.
- (2) Balance includes 3,618 shares held in the Employee Stock Purchase Plan.

Shares held as of 10/31/08 in a multi-fund 401(K) plan to be settled in cash upon the reporting person's termination of employment for
 (3) any reason on a 1:1 basis. Shares are acquired through regular periodic contributions, company matching contributions, and the automatic reinvestment of dividend equivalents.

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.