Edgar Filing: AMERICAN VANGUARD CORP - Form 4

| AMERICAN Form 4 July 20, 2007 | VANGUARD | CORP | U | | | | | | | | |
|---|--|--------------------------------------|--|--|--|------------------------------|--------------------------------|--|--|-----------|--|
| FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | s box s STATE 5. Filed pr s nue. Section 17 | CMENT O ursuant to 7(a) of the | Was F CHAN Section 16 | hington, l GES IN F SECURI 5(a) of the ility Hold | D.C. 209 BENEFI ITIES Securiti ing Com | 549 CIAI es Ex pany | L OW tchang Act o | COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40 | OMB Number: Expires: Estimated a burden hou response | irs per | |
| (Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> JOHNSON GLEN D | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN VANGUARD CORP [AVD] | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Mon | | | | 3. Date of Earliest Transaction Month/Day/Year))7/19/2007 | | | | Director 10% Owner XOfficer (give title Other (specify below) below) below) Sr. VP AMVAC Chemical Corp. | | | |
| | | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Aco | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executi any | | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, Amount | l (A) o l of (D |) | 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 | 07/19/2007 | | | S | 3,000 (1) | D | \$ 16 | 78,251 | 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)

| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| JOHNSON GLEN D 4695 MACARTHUR COURT, SUITE 1250 NEWPORT BEACH, CA 92660 | | | Sr. VP AMVAC Chemical Corp. | | | | |
| Signatures | | | | | | | |
| /s/ Glen D. | | | | | | | |

Johnson 07/20/2007

<u>**</u>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) These shares were sold by reporting person pursuant to a 10b5-1 selling plan dated June 8, 2007.

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.