Edgar Filing: FOX DOUGLAS B - Form 4

FOX DOUGI	LAS B										
Form 4											
January 05, 2	009										
FORM	4		CECUD		ND EV(COMMERION		PPROVAL	
	- UNITE	DSIAIES		hington,			NGE (COMMISSION	ONID	3235-0287	
Check this	s box		vv as	anngton,	D.C. 203	549			Number:	January 31,	
if no longer STATEMENT OF				GES IN I	RENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNER SECURITIES								Estimated average			
Form 4 or									burden hours per response 0.		
Form 5	Filed p	oursuant to S	Section 1	6(a) of the	e Securiti	ies Ez	xchang	ge Act of 1934,		0.0	
obligation may conti		7(a) of the	Public Ut	ility Hold	ling Com	ipany	Acto	f 1935 or Section	n		
See Instru		30(h)	of the In-	vestment	Company	y Act	of 194	40			
1(b).											
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(Print or Type R	esponses)										
1 Name and A	ddress of Reportin	ng Person *	2 Ianuar	Nome and	Tielen on '	Tuodin	~	5. Relationship of	Reporting Per	son(s) to	
FOX DOUG	-		2. Issuer Symbol	Name and	Ticker of	raum	g	Issuer	Reporting Ferr	501(3) 10	
	•		NC IBNI	71							
	BOWNE & CO INC [BNE]					(Check all applicable)					
(Last)		3. Date of Earliest Transaction				X Director	100	Owner			
BOWNE &	(Month/Day/Year) 12/31/2008					Officer (give titleOther (specify					
BOWNE & CO., INC.,, 55 WATER STREET			12/31/2000					below)			
	(Street)		4 If Ame	ndment Da	te Original			6 Individual or Ic	oint/Group Filir	or (Check	
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)					
			1 1100(11101	, <u>2</u> u j / 1 oui	<b>,</b>			_X_ Form filed by C			
NEW YORK	K, NY 10041							Form filed by M Person	Iore than One Re	eporting	
(Citar)	(Stata)	(7in)									
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction I	1						6. Ownership 7. I			
Security (Instr. 3)	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of				d of	Beneficially	(D) or Ber	Indirect Beneficial	
(Instr. 5)		any (Month/	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)			Ownership	
						Following		(Instr. 4)			
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price ¢	. ,			
Stock	12/31/2008			А	6,090	А	\$ 5.32	53,986	D		
STOCK							5.52				

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title Amour Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	r 10% Owner Office		Other				
FOX DOUGLAS B BOWNE & CO., INC., 55 WATER STREET NEW YORK, NY 10041	Х							
Signatures								
Douglas Fox by Scott Spitzer u Attorney		01/05/2009						
<u>**</u> Signature of Reporting		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).

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.