Edgar Filing: OFFICEMAX INC - Form 4

OFFICENANTING

| Form 4 August 02, 20 | | | | | | | | | | | | |
|--|--------------------------------------|---------------------|---|-------------------|---|---|---|---|--|--|------------------------|--|
| FORM | | | | | | | | | | OMB APPROVAL | | |
| | | | | | TIES AND EXCHANGE COMMISSION nington, D.C. 20549 | | | | | | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or | STATEN | | | | | | | | | Expires: Estimated a burden hou response | rs per | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | | |
| DUNCAN SAM K Symbol | | | r Name and Ticker or Trading EMAX INC [OMX] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (| (Middle) | 3. Date of Earliest Transaction (Chec | | | | | k all applicable) | | | | |
| OFFICEMAX INCORPORA ROAD | X ATED, 150 PIE | ERCE | (Month/Da 07/29/20 | - | | | | | X Director X Officer (give below) Pres | | o Owner er (specify | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| ITASCA,, IL | 60143 | | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table | I - Non | -De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | r) Execution any | med on Date, if Day/Year) | Code (Instr. 8 | 8) | 4. Securit nAcquired Disposed (Instr. 3, Amount | (A) o 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) | Indirect Beneficial | |
| Common Stock | 07/29/2005 | | | А | | 1,516 | A | <u>(1)</u> | 51,516 | 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)

Edgar Filing: OFFICEMAX INC - Form 4

| 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | | |
| DUNCAN SAM K OFFICEMAX INCORPORATED 150 PIERCE ROAD ITASCA,, IL 60143 | Х | | President and CEO | | | | | |
| Signatures | | | | | | | | |
| /s/Matthew R. Broad POA for Sam Duncan | ı K. | 08/02/2005 | | | | | | |
| **Signature of Reporting Person | | Ι | 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) Granted at no cost to reporting person.

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.