Edgar Filing: Johansen Judi - Form 4

Johansen Juc	li											
Form 4	4 0010											
December 14												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								APPROVAL				
	UNITE	DSIAILS		shington,			NGE C		OMB Number:	3235-0287		
Check the	is box		vv a	sinington,	D.C. 20.	J - J				January 31,		
if no long		EMENT O	F CHAN	IGES IN BENEFICIAL OWNERSHIP O					Expires: 200			
subject to Section 1)			SECURITIES					Estimated average			
	Form 4 or				Sheekilles				burden hours per response 0.			
Form 5	Filed p	ursuant to	Section 1	6(a) of th	e Securiti	ies E	xchange	nge Act of 1934,				
obligation may cont		7(a) of the	Public U	tility Hold	ding Com	ipany	Act of	1935 or Section	ı			
See Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	0				
1(b).												
	,											
(Print or Type I	Responses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of H								Reporting Person(s) to				
Johansen Judi Symbol				I Name and Ticker of Trading				Issuer				
			-	TZER STEEL INDUSTRIES CHN]				(Check all applicable)				
			INC [S									
(Last)	(First)	(Middle)	3. Date of	f Earliest Tı	ransaction			X Director	10%	Owner		
				/Day/Year)			Officer (give titleOther (specify					
			12/13/2	/13/2012				below) below)				
			4. If Ame	mendment, Date Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
				fonth/Day/Year)								
PORTLAN	D, OR 97210							Person	ore than One Ke	porting		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	Securi	ities Aca	uired, Disposed of	. or Beneficial	lv Owned		
1.Title of	2. Transaction D	ate 24 Deer		3.			-	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D)				•	Securities	0. Ownership	Indirect			
(Instr. 3) any			Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct				
		(Month/I	Day/Year)	(Instr. 8)			Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)			
								Reported	(Instr. 4)	(1130. 4)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Class A							\$			See Note		
Common	12/13/2012			A <u>(1)</u>	85.596	А	ф 29.15	15,993.204	Ι	(2)		
Stock							27.10			—		

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount Underlyi Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title N of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Johansen Judi 3200 NW YEON AVENUE PORTLAND, OR 97210	Х						
Signatures							
Richard C. Josephson, Attorney-in-Fact		12/14/2	012				
**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) Deemed reinvestment of dividends under the issuer's Deferred Compensation Plan for Non-Employee Directors.
- (2) Deferred Shares that have been or will be credited to the reporting person's account under the issuer's Deferred Compensation Plan for Non-Employee Directors.

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.