Karlson William E Form 4 October 25, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB
3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction

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

2. Issuer Name and Ticker or Trading

Symbol

Stanley, Inc. [SXE]

burden hours per response... 0.5

Estimated average

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

1(b).

(Print or Type Responses)

Karlson William E

1. Name and Address of Reporting Person *

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(Last)	(First)	(Middle) 3. Dat	e of Earliest	Transaction						
C/O STANLEY, INC., 3101 WILSON BOULEVARD, SUITE 700			(Month/Day/Year) 10/23/2006				_X_ Director 10% Owner Softier (give title Other (specify below) Dir; Sr. VP, Outsg Sol Div			
	(Street)	4 If A	mendment	Date Origina	al		6 Individual o	or Ioint/Groun	Filing(Check	
			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			
ARLINGTON, VA 22201							Form filed by More than One Reporting Person			
(City)	(State)	(Zip) T	able I - Nor	1-Derivative	Secur	ities A	cquired, Dispose	ed of, or Bene	ficially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8) Code V		posed o	of (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 1,297,590	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Stock	10/23/2006		S	120,000	D	\$ 13	(1)	D		
Common Stock	10/23/2006		S	78,990 (2)	D	\$ 13	0	I	By self as Trustee of the Stanley, Inc. Employee Stock Ownership Plan	
Common Stock							120,960	I	By Executive Deferred	

Compensation and Equity
Incentive Trust

By William E. Karlson 2006 Irrevocable Dynasty Trust

Common Stock

150,000 I

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.

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SEC 1474 (9-02)

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Instr

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)	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) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Keiationsinps						
	Director	10% Owner	Officer	Other			
Karlson William E C/O STANLEY, INC. 3101 WILSON BOULEVARD, SUITE 700 ARLINGTON, VA 22201	X		Dir; Sr. VP, Outsg Sol Div				

Signatures

/s/ Scott D. Chaplin, Attorney-in-Fact

**Signature of Reporting Person Date

Reporting Owners 2

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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) Includes 221,130 shares held in trust for Mr. Karlson under the Stanley Inc. Employee Stock Ownership Plan (the "ESOP").
- (2) Consists of unallocated shares sold by the ESOP, for which Mr. Karlson serves as trustee. Mr. Karlson previously disclaimed beneficial ownership of these shares.

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.