Edgar Filing: Lindley Michael J - Form 4

| Lindley Mich Form 4 | nael J | | | | | | | | | | | |
|---|---|-------|---------------|--|----------------------------|---|----------------|------------------|--|--|--------------|--|
| January 04, 2 | 2012 | | | | | | | | | | | |
| FORM | | | | | | | | | | OMB AF | PROVAL | |
| | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | COMMISSION | OMB Number: | 3235-028 | | | | |
| Subject to Section 16. Form 4 or | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | | | |
| obligation may conti <i>See</i> Instru 1(b). | inue. Section 17(a | | ıblic Ut | ility Hol | ding (| Comj | pany | Act of | 1935 or Section | n | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| Lindley Michael J Symbol | | | | er Name and Ticker or Trading EFIELD CORP [ltfd] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month | | | | Date of Earliest Transaction Month/Day/Year) 1/03/2012 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Sr. Vice President | | | |
| | | | | Amendment, Date Original Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| AUSTIN, T | X 78705 | | | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-l | Derivat | tive S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | d Date, if | 3. Transacti Code | 4. Se ion(A) o (Inst | ecuriti or Dis r. 3, 4 | es Ac | quired 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) | 7. Nature of | |
| Common Stock | 01/03/2012 | | | A | 14,5 | | A | \$ 0.52 | 14,500 <u>(1)</u> | 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)

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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. Transac Code (Instr. 8 | 5. etionNumbe of B) Derival Securit Acquir (A) or Dispose of (D) (Instr. 2 4, and 2 | (Month/Day ive ies ed ed | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|------------------------------------|---|--------------------------------------|--------------------|-----------------------|---|---|--|
| | | | | Code | V (A) (I | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|--------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Lindley Michael J 2501 N. LAMAR BLVD AUSTIN, TX 78705 | | | Sr. Vice President | | | | | |
| Signatures | | | | | | | | |
| Michael J. Lindley by Lee Pols Attorney-in-Fact | on, | | 01/04/2012 | | | | | |
| **Signature of Reporting Pe | erson | | 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) Grant of common stock directly from company as compensation. The price is the closing price of the issuer's common stock on the date of grant. Shares vest at the end of a four year vesting period.

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.