Edgar Filing: TURNER RONALD L - Form 4

TURNER R	ONALD L										
Form 4											
May 27, 200	5										
FORM	4							01 11 11 11 11	OMB AF	PROVAL	
	UNITED	STATES SH			ND EXC D.C. 205		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE					Expires:	January 31, 2005	
								VERSHIP OF	Estimated average		
Section 1		SECURITIES						burden hours per			
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934						A at af 1024	response	0.5	
obligation	n a						-	1935 or Section			
may cont	inue.		the Invest	•	•	- ·			1		
See Instru 1(b).	uction	50(11) 01	uic mvesi		compan	y Aci	. 01 1940	0			
1(0).											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of I							Reporting Person(s) to				
TURNER RONALD L Symbol FLIR S								Issuer			
				YSTEMS INC [FLIR]				(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction					(eneck an applicable)			
(Month/I			Ionth/Day/Y	n/Day/Year)				_X_ Director		Owner	
16505 SW 72ND AVENUE 05/25/2			5/25/2005	2005				Officer (give title Other (specify below) below)			
(Street) 4. If Ame Filed(Mor			If Amondm	andmant. Data Original				, , , , , , , , , , , , , , , , , , , ,			
				mendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)			
				nui/Day/ (Car)				_X_ Form filed by One Reporting Person			
PORTLAN	D, OR 97224							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Table I -	Non-De	erivative S	Securi	ties Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
1.Title of		tion Date 2A. Deemed			4. Securiti			5. Amount of		7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Da	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(1130.3)		(Month/Day/		(Instr. 8)				Owned		Ownership	
		•						Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or		(Instr. 3 and 4)			
Common			Co	de V	Amount	(D)	Price	,			
Common Stock	05/25/2005		Ν	1	24,000	D	\$ 11.82	48,000	D		
STOCK							11.02				

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. Num orDerivat Securiti Acquire or Disp (D) (Instr. 3 and 5)	ive ies ed (A) osed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 11.82	05/25/2005		М	2	4,000	04/24/2002	04/24/2012	Common Stock	24
Non-Qualified Stock Option (right to buy)	\$ 12.24						04/24/2003	04/24/2013	Common Stock	24
Non-Qualified Stock Option (right to buy)	\$ 22.25						04/21/2004	04/21/2014	Common Stock	24
Non-Qualified Stock Option (right to buy)	\$ 25.73						04/20/2005	04/20/2015	Common Stock	24

Reporting Owners

Reporting Owner Name / Address		Relationsh		
, e e	Director	10% Owner	Officer	Other
TURNER RONALD L 16505 SW 72ND AVENUE PORTLAND, OR 97224	Х			
Signatures				
James A. Fitzhenry, Attorney-i Turner	05/26/2005			
**Signature of Reporti		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.