## Edgar Filing: IHS Inc. - Form 4

IHS Inc.												
Form 4												
August 01,	2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL			
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check the check	aar								Expires:	January 31,		
subject		EMENT O	F CHAN	NGES IN BENEFICIAL OWNERS				ERSHIP OF	Estimated a	2005 Iverage		
Section 16. S				SECUR	SECURITIES					burden hours per		
Form 4 Form 5									response	0.5		
obligati	ong *						•	Act of 1934,				
may cor	ntinue. Section 1			•	•	-	•	1935 or Section	1			
See Inst	ruction	50(II)	of the m	vestment	Compa	iy A	ct of 1940					
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading 5. Rela						5. Relationship of	Reporting Person(s) to					
Sullivan M	ichael J		Symbol	ibol				Issuer				
IHS				. [IHS]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction			(Cheer	t all applicable	)		
(Month/				nth/Day/Year)			-	Director		Owner		
	NC., 15 INVERI	NESS	07/31/2	006				_X_ Officer (give below)	title Othe below)	er (specify		
WAY EAS	Т						·	· · · · · · · · · · · · · · · · · · ·	tive VP & CFO	)		
	(Street)		4. If Ame	ndment, Da	ate Origina	al	(	5. Individual or Joi	int/Group Filin	g(Check		
				nth/Day/Year	-			Applicable Line)	1			
							-	X_ Form filed by O				
ENGLEW	OOD, CO 80112	2					Ī	Form filed by M Person	ore than One Ke	porting		
(City)	(State)	(Zip)	Tahl	a I Non I	Domissotivo	Soon	mitias A aqui	ired, Disposed of,	or Ponoficial	ly Owned		
		-					_			-		
1.Title of Security	2. Transaction Da (Month/Day/Year			3. Transactio			cquired (A)	5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	(Wondin Day) Tea	any	i Date, ii	Code	(Instr. 3,			Beneficially	Form:	Beneficial		
		(Month/E	Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership		
								Following Reported	or Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Class A				2000 7	mount	(2)						
Common	07/31/2006			<b>S</b> (1)	1,118	D	\$	120,556	D			
Ctools							30.7458					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Stock

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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							
i O	Director	10% Owner	Officer	Other				
Sullivan Michael J C/O IHS INC. 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112			Executive VP & CFO					
Signatures								
/s/ Stephen Green, as Attorney-in- Reporting	08/01/2006							
**Signature of Reporting Per	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) Sold pursuant to the reporting person's previously adopted Rule 10b5-1 trading plan.

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.