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IHS Inc.										
Form 4										
January 31,								0145.4		
FORM	14	STATES	SECU	DITIES A	ND EV	СПАЛСЕ	COMMISSIO	NT.	PPROVAL	
	UNITED	STATES		shington				N OMB Number:	3235-0287	
Check t	his box		v v a	isinington	, D.C. 20	547			January 31,	
if no lo		AENT OF	CHAP	NGES IN	BENEF	ICIAL OV	WNERSHIP OF	Expires:	2005	
subject Section	10			SECUE				Estimated		
Form 4								burden hou response	•	
Form 5	Filed put	rsuant to S	ection	16(a) of th	ne Securi	ties Exchar	nge Act of 1934,			
obligati may co		(a) of the I	Public U	Itility Hol	ding Cor	npany Act	of 1935 or Secti	on		
See Inst		30(h)	of the In	nvestment	Compar	ny Act of 1	940			
1(b).										
(Drint or Type	D asponsas)									
(Print or Type	(Kesponses)									
1. Name and	Address of Reporting	Person *	2 Issue	er Name an o	d Ticker or	Trading	5. Relationship	of Reporting Per	cson(s) to	
	mlin Heather		Symbol		a Herei ol	mading	Issuer			
			•	c. [IHS]						
(Last)	(First) (Middle)		of Earliest T	ransaction		(Ch	eck all applicabl	e)	
(Lust)	(1130)	(induic)		Day/Year)	Talisaction		Director	109	% Owner	
C/O IHS II	NC., 15 INVERN	ESS	01/29/2	-			Officer (gi	ive title Oth	ner (specify	
WAY EAS	ST						below) Princip	below) al Accounting O	fficer	
	(Street)		4 If Am	endment, Da	oto Origina	1				
(Succe)				onth/Day/Yea	-	11	6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 neu(m	Jilli Duj i cu	-)		_X_ Form filed by	y One Reporting P		
ENGLEW	OOD, CO 80112						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)								
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transactio Code	nAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial	
(msu: 5)		•	y/Year)	(Instr. 8)	-		Owned	(I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
				a 1 1		or	(Instr. 3 and 4)			
				Code V	Amount	(D) Price				
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned directly of	or indirectly.			
							spond to the colle		SEC 1474	
							ained in this form		(9-02)	

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Ε
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquire (A) or Dispose (D) (Instr. 3 and 5)	d of					(
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 37.65	01/29/2007		Α		4,000		<u>(1)</u>	01/29/2015	Class A Common Stock	4,000	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Matzke-Hamlin Heather C/O IHS INC. 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112			Principal Accounting Officer					
Signatures								
/s/ Stephen Green, as Attorney-in- Person	Fact for the	Reporting	01/31/2007					

**Signature of Reporting Person

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) One-third of the shares awarded vest on each of the first three anniversaries of the grant date.

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.

Date

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