Edgar Filing: CASCADE CORP - Form 4

CACCADE CODI

CASCADE	CORP										
Form 4											
January 31, 2	2008										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL	
UNITED STATES SECUR				RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMB Number:	3235-0287		
Check this box				o /					Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP O				NERSHIP OF	Expires. 2005 Estimated average		
Section 1				SECURITIES					burden hours per		
Form 4 o Form 5			~ • •		~ ·				response	0.5	
obligatio							-	e Act of 1934,			
may cont	tinue. Section 17			•	•	· ·		1935 or Section	n		
See Instr	uction	30(n)	of the In	vestment	Compan	iy Ac	1 01 194	Ю			
1(b).											
(Print or Type I	Responses)										
1. Name and A	ddress of Reporting	Person [*]	2. Issuer	Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
Nickerson Peter D Symbol				1			Issuer				
CASCA				ADE CORP [CAE]				(Check all applicable)			
(Last)	(First) ((Middle)	3. Date of	Earliest Tr	ansaction			(Chee	k an appneable)	
			h/Day/Year)			_X_ Director 10% Owner					
CASCADE CORPORATION, 2201 12/19/20			2007 <u>— Officer (give</u> below)			title Other (specify below)					
NE 201ST A	AVENUE							,	,		
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
	OR 07024							Form filed by M			
FAIRVIEW	, OK 97024							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		n Date, if	Transactio		-		Securities	Form: Direct		
(Instr. 3) any (Month/Day/Year)			Dav/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(111011111)	<i>suj</i> , <i>i cu</i>)	(1115417-0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(mour e una r)			
Common Stock	12/19/2007			S	96 <u>(1)</u>	D	\$ 46.71	6	D		
Stock							40.71				

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)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
Nickerson Peter D CASCADE CORPORATIO 2201 NE 201ST AVENUE FAIRVIEW, OR 97024	N X								
Signatures									
Peter D. Nickerson	01/31/2007								
**Signature of	Date								

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) Shares inadvertently sold due to broker miscommunication.

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.