SYSTEMAX INC

Form 3

March 17, 20	)06									
FORM 3 UNITED STATES SECURITIES AND EXCHA				NGE COM	MISSION	OMB A	PPROVAL			
. •	Washington, D.C. 20549						OMB Number:	3235-0104		
		INITIAL S	TATEMENT OF BEN		OWNERSH	IIP OF	Expires:	January 31 2005		
		on 17(a) of	SECURI to Section 16(a) of the the Public Utility Holdin O(h) of the Investment C	Securities Ing Compan	y Act of 193		Estimated burden hou response n	average urs per		
(Print or Type F	Responses)									
1. Name and Address of Reporting Person <u>*</u> Bruce Leeds 2005 Irrevocable Trust			2. Date of Event Requiring Statement3. Issuer Name and SYSTEMAX IN (Month/Day/Year)12/31/2004				mbol			
(Last)	(First)	(Middle)			hip of Reporting	-	Amendment, I	e		
C/O SYSTEMAX INC., 11 HARBOR PARK DRIVE				Person(s) to Issuer (Check all applicable)			(Month/Day/Ye	ar)		
PORT	(Street)			Directo Officer (give title belo		r Filin ow) _X_I Perso	dividual or Joi g(Check Applic Form filed by On n form filed by Mo	able Line) ne Reporting		
WASHING	ΓΟΝ, ΝΥ	YÂ 11050					rting Person			
(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securit	ies Benefic	es Beneficially Owned			
1.Title of Secu (Instr. 4)	rity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Bene	ficial		
Common St	ock		6,654,941		D	Â				
Reminder: Rep owned directly	or indirectly Perso inform	ons who resp mation conta	ch class of securities benefici cond to the collection of ained in this form are not nd unless the form displa		SEC 1473 (7-02	2)				
			MB control number.	uysu						
T	able II - De	rivative Secu	rities Beneficially Owned (e.	g., puts, calls	s, warrants, op	tions, conver	tible securitie	s)		

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Bruce Leeds 2005 Irrevocable Trust C/O SYSTEMAX INC. 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	Â	X	Â	Â	
Signatures					
/s/ By Robert Leeds, Trustee, by Curt Rush, attorney-in-fact			03/17/2006		
**Signature of Reporting Person			Date		
<b>Explanation of Respor</b>	ises:				

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.