

Edgar Filing: MOORE MEDICAL CORP - Form 3

MOORE MEDICAL CORP
Form 3
April 10, 2001

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| FORM 3 | U.S. SECURITIES AND EXCHANGE COMMISSION
+-----+ WASHINGTON, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

Simpson, James R.
(Last) (First) (Middle)
c/o Moore Medical Corp.
(Street)
389 John Downey Drive, New Britain CT 06050
(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year) 3/5/01

3. IRS Identification Number of Reporting Person if an Entity
(Voluntary) -----

4. Issuer Name and Ticker or Trading Symbol MMD -----

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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Director X Officer 10% Owner Other
--- --- (give title below) --- --- (specify below)

Executive Vice President - Chief Financial Officer

6. If Amendment, Date of Original (Month/Day/Year) -----

7. Individual or Joint Group Filing (Check Applicable Line)

X Form Filed by One Reporting Person

Form filed by More than One Reporting Person

TABLE I--NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

TABLE II--DERIVATIVE SECURITIES BENEFICIALLY OWNED
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or

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	Expiration Date (Month/Day/ Year)	(Instr. 4)			Exercise Price of Derivative Security
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	
Non-qualified Stock Option	3/5/02	3/4/06(1)	Common Stock	30,000	\$ 7.50

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

Explanation of Responses:

- (1) Becomes exercisable in four equal cumulative annual installments commencing one year from the date of grant, subject to acceleration of 50% of non-vested installments in the event of a "change of position" and termination of employment following a "change of control" under the Issuer's Change of Control/Change of Position Payment Plan.

/s/ James R. Simpson	4/10/01
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**Signature of Reporting Person	Date
James R. Simpson	

* If the form is filed by more than one reported 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.