## Edgar Filing: UST INC - Form 4

| UST INC<br>Form 4<br>April 25, 2005  |   |                                 |           |           |   |                            |                              |                          |  |
|--|---|---------------------------------|-----------|-----------|---|----------------------------|------------------------------|--------------------------|--|
| FORM 4   |   |                                 |           |           |   |                            | -                            | PPROVAL                  |  |
| <b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |   |                                 |           |           |   |                            | OMB<br>Number:               | 3235-0287                |  |
| Check this box   |   |                                 |           |           |   |                            |                              | January 31,              |  |
| if no longer<br>subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS                       |   |                                 |           |           |   | NERSHIP OF                 | Estimated a                  | 2005<br>average          |  |
| Section 16.  | SECURITIES  |                                 |           |           |   | burden hou                 | burden hours per             |                          |  |
| Form 4 or<br>Form 5  | Filed pursuant to                                 | Section 16(a) of th             | e Securit | ios Er    | vehan   | The Act of $1034$          | response                     | 0.5                      |  |
| obligations  | Section 17(a) of the                              |                                 |           |           |   |                            | n                            |                          |  |
| may continue.  |   | ) of the Investment             | •         | - ·       |   |                            | 11                           |                          |  |
| 1(b).  |   | ,<br>                           | 1         | 5         |   |                            |                              |                          |  |
|  |   |                                 |           |           |   |                            |                              |                          |  |
| (Print or Type Respons   | ses)  |                                 |           |           |   |                            |                              |                          |  |
| 1. Name and Address<br>ROSSI RONALD  | Symbol  |                                 |           |           | 5. Relationship of Reporting Person(s) to Issuer              |                            |                              |                          |  |
|  | UST INC [UST]                                     | Г INC [UST]                     |           |           |   | (Check all applicable)     |                              |                          |  |
| (Last) (Fi   | First) (Middle)                                   | 3. Date of Earliest Transaction |           |           |   |                            |                              |                          |  |
|  | (Month/Day/Year)                                  | -                               |           |           | X_ Director 10% Owner<br>Officer (give title Other (specify   |                            |                              |                          |  |
| C/O UST INC., 10<br>PUTNAM AVEN  | 04/22/2005  | 005 <u>below</u>                |           |           |   | below)                     | Gpeeny                       |                          |  |
|  |   |                                 |           |           |   |                            |                              |                          |  |
| (St  | 4. If Amendment, Da<br>Filed(Month/Day/Year       | endment, Date Original          |           |           | 6. Individual or Joint/Group Filing(Check<br>Applicable Line) |                            |                              |                          |  |
| _X_H   |   |                                 |           |           | _X_ Form filed by   | One Reporting Person       |                              |                          |  |
| GREENWICH, CT 06930 — Form filed by More than One Reporting<br>Person                      |   |                                 |           |           |   |                            | porting                      |                          |  |
| (City) (St   | tate) (Zip)                                       |                                 |           | ~ .       |   |                            |                              |                          |  |
|  | · · · •   |                                 |           |           | ties Ac   | quired, Disposed o         |                              | -                        |  |
|  | ansaction Date 2A. Dee<br>hth/Day/Year) Execution |                                 | 4. Securi |           | r   |                            | 6. Ownership<br>Form: Direct | 7. Nature of<br>Indirect |  |
| (Instr. 3)   | Code  | 1 1                             |           |           |   | (D) or                     | Beneficial                   |                          |  |
| (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)  |   |                                 |           | 5)        |   | Indirect (I)<br>(Instr. 4) | Ownership                    |                          |  |
|  |   |                                 |           |           |   | Following<br>Reported      | (Instr. 4)                   |                          |  |
|  |   |                                 |           | (A)<br>or |   | Transaction(s)             |                              |                          |  |
|  |   | Code V                          | Amount    |           | Price   | (Instr. 3 and 4)           |                              |                          |  |
| common 04/2<br>stock   | 2/2005  | А                               | 40        | А         | \$0   | 3,930                      | D                            |                          |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |            |         |       |  |  |  |  |
|---|---------------|------------|---------|-------|--|--|--|--|
| · · · · · · · · · · · · · · · · · · ·   | Director      | 10% Owner  | Officer | Other |  |  |  |  |
| ROSSI RONALD<br>C/O UST INC.<br>100 WEST PUTNAM AVENUE<br>GREENWICH, CT 06930 | Х             |            |         |       |  |  |  |  |
| Signatures  |               |            |         |       |  |  |  |  |
| Maria R. Sharpe, by Power of Attorney   |               | 04/25/2005 | 5       |       |  |  |  |  |
| **Signature of Reporting Person   |               | Date       |         |       |  |  |  |  |
| Explanation of Responses:   |               |            |         |       |  |  |  |  |

## 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).

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.