## Edgar Filing: UST INC - Form 4

UST INC

Form 4												
July 27, 2005	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									т	OMB APPROVAL		
Check the	Washington, D.C. 20549								Number:	3235-0287		
	Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER							NEDSIID OF	Expires:	Expires: January 31, 2005		
subject to STATEMENT OF CHANGE					SECURITIES				Estimated average burden hours per			
Form 4 or									response			
	Form 5 biligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Helding Company, Act of 1025 or Section											
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section <i>See</i> Instruction 30(h) of the Investment Company Act of 1940												
1(b).		(	,		r	,						
(Print or Type F	Responses)											
1. Name and Address of Reporting Person *       2. Issuer Name         DEHORITY EDWARD H JR       Symbol         UST INC [US				Name and					Relationship of Reporting Person(s) to ssuer			
				NC [UST]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(ene	en un applicati	•)		
				onth/Day/Year) /26/2005			X_ Director Officer (give		6 Owner er (specify			
PUTNAM AVENUE				)05				below)	below)			
(Street) 4. If Ame			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check					
Filed(Mon							Applicable Line)					
GREENWIG	CH, CT 06830							_X_ Form filed by Form filed by Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction D	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Ye	ar) Execut any	ion Date, if TransactionAcquired (A) or Code Disposed of (D) n/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1150.5)								Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)				
~				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	07/26/2005			А	40	А	\$0	13,657 <u>(1)</u>	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 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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
DEHORITY EDWARD H JR C/O UST INC. 100 WEST PUTNAM AVENUE GREENWICH, CT 06830	Х							
Signatures								
Maria R. Sharpe, by Power of Attorney		07/27/2005	5					
**Signature of Reporting Person		Date						
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) Includes a total of 3,289 shares held in the UST Dividend Reinvestment Plan as of this 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.