## Edgar Filing: CLANCEY JOHN P - Form 4

| CLANCEY J  | IOHN P   |         |   |   |                                       |          |                                |   |   |                        |  |  |
|--|--|---------|---|---|---------------------------------------|----------|--------------------------------|---|---|------------------------|--|--|
| Form 4   |  |         |   |   |                                       |          |                                |   |   |                        |  |  |
| November 02  |  |         |   |   |                                       |          |                                |   |   |                        |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |  |         |   |   |                                       |          |                                |   | 3235-0287   |                        |  |  |
|  |  |         |   |   |                                       |          | irs per                        |   |   |                        |  |  |
| (Print or Type R   | Responses)   |         |   |   |                                       |          |                                |   |   |                        |  |  |
| CLANCEY JOHN P Symbol  |  |         |   | r Name <b>and</b> Ticker or Trading<br>[C [UST] |                                       |          |                                | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |   |                        |  |  |
| (Last)   | (First) (N   | liddle) | 3. Date of Earliest Transaction (Check  |   |                                       |          | ck all applicable              |   |   |                        |  |  |
| C/O UST IN<br>PARK, BLD  | IC., 6 HIGH RID<br>DG. A   |         | (Month/Da<br>10/31/20   | •   |                                       |          |                                | _X_ Director<br>Officer (give<br>below)                                       |   | 6 Owner<br>er (specify |  |  |
|  |  |         |   |   | ndment, Date Original<br>th/Day/Year) |          |                                |   | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |                        |  |  |
| STAMFORI   | D, CT 06905  |         |   |   |                                       |          |                                | Form filed by I<br>Person   | More than One R   | eporting               |  |  |
| (City)   | (State)  | Zip)    | Table   | e I - Non-De                                    | erivative S                           | Securi   | ties Ac                        | quired, Disposed o  | of, or Beneficia  | lly Owned              |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date 2A. Deemed<br>(Month/Day/Year) Execution Date, if<br>any<br>(Month/Day/Year) |         | 3. 4. Securities<br>TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or |   |                                       | )<br>5)  | SecuritiesIBeneficially0OwnedI | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)          | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |                        |  |  |
| Common<br>Stock  | 10/31/2007   |         |   | Code V<br>A                                     | Amount<br>78                          | (D)<br>A | Price<br>\$ 0                  | 25,771  | D   |                        |  |  |
| Common<br>Stock  | 11/01/2007   |         |   | А   | 90                                    | А        | \$0                            | 27,774 <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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 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) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<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>Secur<br>Bene<br>Own<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 |  |  |  |
| CLANCEY JOHN P<br>C/O UST INC.<br>6 HIGH RIDGE PARK, BLDG. A<br>STAMFORD, CT 06905 | Х             |            |         |       |  |  |  |
| Signatures   |               |            |         |       |  |  |  |
| Lorna R. Simms, by Power of Attorney   |               | 11/02/2007 |         |       |  |  |  |
| **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).
- (1) Includes a total of 1,560 shares held in the UST Inc. Dividend Reinvestment Plan and 353 Phantom shares resulting from dividend reinvestment under a deferred compensation 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.