Edgar Filing: HEID JOSEPH E - Form 4

| HEID JOSEP | ΗE | | | | | | | | | | |
|---|-------------------------------------|---------------------|---------------------------------------|---|-------------------------------------|---|---|--|--|---|--|
| Form 4 | 2000 | | | | | | | | | | |
| December 05, | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | APPROVAL 3235-0287 | | |
| Washington, D.C. 20349Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | | | | | ge Act of 1934, f 1935 or Sectio | Expires:January 3 200Estimated average burden hours per response0. | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| HEID JOSEPH E Symbol | | | Symbol | er Name and Ticker or Trading NC [UST] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) 3. Dat (Mont | | | | Date of Earliest Transaction onth/Day/Year) 03/2008 | | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) | | | |
| | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| STAMFORD |), CT 06905 | | | | | | | | More than One Ro | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | emed on Date, if Day/Year) | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | l (A) o l of (D 4 and (A) or |)) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 12/03/2008 | | | А | 69 | A | \$0 | 19,971 <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. Transact Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|--|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| HEID JOSEPH E C/O UST INC. 6 HIGH RIDGE PARK, BLDG. A STAMFORD, CT 06905 | Х | | | | | | |
| Signatures | | | | | | | |
| Lorna R. Simms, Power of Attorney | 12/05/2008 | | | | | | |
| <u>**</u> 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 share 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.