Edgar Filing: POLLEMA STEVEN C - Form 4

POLLEMA S	STEVEN C											
Form 4												
March 02, 20	009											
FORM	4									OMB AI	PPROVAL	
	UNITED	STATES				ND EX(D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this box										Expires:	January 31,	
if no long subject to	STATEN/	ENT O	F CHAN	GES II	N B	BENEFI	CIAI	LOW	NERSHIP OF	·	2005	
Section 1		SECURITIES								Estimated average burden hours per		
Form 4 or	r									response	•	
Form 5	• · · · · · · · · · · · · · · · · · · ·							-	e Act of 1934,			
obligatior may conti				•		•	- ·		f 1935 or Section	n		
See Instru		30(h)	of the In	vestmei	nt (Compan	y Act	of 194	40			
1(b).												
(Drint or Tuno P	(action cost)											
(Print or Type R	(esponses)											
1. Name and A	ddress of Reporting F	Person *	2 Issuer	Nama a	nd '	Ticker or '	Fradin	a	5. Relationship of	Reporting Pers	son(s) to	
POLLEMA STEVEN C Symbol ELOYAI				r Name and Ticker or Trading				g	Issuer			
				ALTY CORP [ELOY]								
									(Check all applicable)			
(Last)	(First) (M	liddle)	3. Date of		Tra	nsaction			Director	100	Our	
150 FIFL D	DRIVE, SUITE 2	50	(Month/D 02/11/20	th/Day/Year) 1/2000					Director X_ Officer (give	title 10% Owner		
150 TILLD		.50	02/11/20	109					below)	below)		
									V1	ce President		
				endment, Date Original					6. Individual or Joint/Group Filing(Check			
				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
									Form filed by M			
LAKE FOR	EST, IL 60045								Person		1 0	
(City)	(State) ((Zip)	Table	e I - Non	-De	erivative S	Securit	ties Acc	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.					5. Amount of	6. Ownership		
Security	(Month/Day/Year)	Executio	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)				l of	Beneficially (
(Instr. 3)		any (Month/l					5)			Beneficial Ownership		
		(Infoliation	Duj, Iour)	(111541.0	,,	(111511.5,	i una .	5)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/11/2009			А		25,000	А	<u>(1)</u>	105,008	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)

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)	Securities Acquired (A) or Disposed of (D) (Instr. 3,			Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
POLLEMA STEVEN C 150 FIELD DRIVE SUITE 250 LAKE FOREST, IL 60045			Vice President						
Signatures									
Christine R. Carsen, Attorney-in-fact		03/02/2009	9						
**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).

Award of time-vesting restricted stock pursuant to eLoyalty Corporation 1999 Stock Incentive Plan, subject to continuing employment.
 The Award was approved by the Board of Directors of the issuer for purposes of 16b-3 and includes a tax withholding feature. 25% of the Award will vest on 2/28/2010, with the remaining shares vesting at 6.25% quarterly over 3 years, commencing on May 31, 2010, until fully vested.

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.