Edgar Filing: LSI INDUSTRIES INC - Form 4

| LSI INDUST Form 4 April 04, 200 | | | | | | | | | | | |
|--|-----------------------------------|---------------------|---|--|-------------------------------------|------------------------------|---|--|--|------------------------|--|
| FORM | 4 | | CECUD | | ND EV | | NCEO | OMMERION | - | PROVAL | |
| | UNITE | DSIAIES | | shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | BENEFICIAL OWNERSHIP OF | | | | Expires: Estimated a burden hou response | urs per | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed J Sinue. Section 1 | 7(a) of the | Public U | | ding Con | npany | Act of | e Act of 1934, 1935 or Section 0 | · | 0.0 | |
| (Print or Type R | Responses) | | | | | | | | | | |
| OGARA WILFRED T Symbol | | | Symbol | uer Name and Ticker or Trading l NDUSTRIES INC [LYTS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | of Earliest Transaction | | | | (Check all applicable) | | | | |
| | | | | Month/Day/Year) 14/01/2005 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| CINCINNA | TI, OH 45242 | | | | | | | | lore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Executio any | ned n Date, if Day/Year) | Code (Instr. 8) | 4. Securiton(A) or Di (Instr. 3, | sposed 4 and (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Shares | 04/01/2005 | | | A A | 226 | A | \$ 11.04 | 4,177 | 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. tionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | / (A) (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|---------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| OGARA WILFRED T 8180 CORPORATE PARK DRIVE SUITE 301 CINCINNATI, OH 45242 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Ronald S. Stowell, Attorney-in-Fact O'Gara | for Wilfre | ed T. | 04/0 | 04/2004 | | | | |
| <u>**</u> Signature of Reporting Perso | on | | | Date | | | | |
| Evolopotion of Doop | - | | | | | | | |

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.