Edgar Filing: BILLINGS SHIRLI M DR - Form 4

| BILLINGS Form 4 | SHIRLI M DR | | | | | | | | | | |
|--|--|--|----------------|---|--------------|-----------|---|---|--|---|--|
| December 0 | 3, 2009 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | OMMISSION | OMB Number: | 3235-0287 | | | |
| Check th if no lon subject t Section Form 4 c | ger STATEN 16. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: January 31 200 Estimated average burden hours per response 0. | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17 | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| BILLINGS SHIRLI M DR Symbols SOU | | | Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | | | | |
| 34 KESWICK DRIVE (Month/E (Street) 12/03/2 | | | (Month/E | ate of Earliest Transaction nth/Day/Year) 03/2009 | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) Director | | | |
| | | | onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| NEW ALB | ANY, OH 43054 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | e Secu | rities Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) | | sed of | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| So.Jersey Ind., Inc. / | 12/03/2009 | | | Code V | Amount 1,300 | (D) | Price \$ | (Instr. 3 and 4) 13,875.92 | D | | |
| Common Stock | 12/03/2009 | | | 3 | 1,500 | D | 36.9737 | 15,075.92 | 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addres | S | Relationships | | | | | | |
|--|------------|---------------|----------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| BILLINGS SHIRLI M DR 34 KESWICK DRIVE NEW ALBANY, OH 43054 | Х | | Director | | | | | |
| Signatures | | | | | | | | |
| Shirli Billings | 12/03/2009 | | | | | | | |

**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).

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.