## NOVASTAR FINANCIAL INC

Form 4
May 02, 2003
SEC Form 4

| FORM 4 <br> [ ] Check this box if no longer subject to Section 16. Form 4 or Form <br> 5 obligations may continue. See Instruction 1(b). | UNITED STATES SECURITIES AND EXCHANGE COMMISSION <br> Washington, D.C. 20549 <br> STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |  |  |  | OMB APPROVAL <br> OMB Number: 3235-0287 <br> Expires: January 31, 2005 <br> Estimated average burden <br> hours per response. . . . . 0.5 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name and Address of Reporting Person* Schwatken, Rodney |  | 2. Issuer Name and Ticker or Trading Symbol <br> NovaStar Financial, Inc. NFI | $\begin{aligned} & \text { 4. Statement for } \\ & \text { (Month/Day/Year } \\ & \text { 01/22/2003 } \end{aligned}$ | 6. Relationship of Reporting Person(s) to Issuer <br> (Check all applicable) |  |
|  |  |  |  | $\begin{aligned} & \text { Director - 10\% Owner } \\ & \overline{\mathrm{X}} \text { Officer (give title below) _ Other } \\ & \text { (specify below) } \end{aligned}$ |  |
| (Street) Kansas City, MO 64114 |  | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) | 5. If Amendment, Date of Original (Month/Day/Year) | Desc <br> 7. In | ual or Joint/Group |
| $\begin{aligned} & \text { (City) } \\ & (\text { (State }) \end{aligned}$ |  |  |  |  | (Check Applicable Line) <br> filed by One Reporting <br> filed by More than One gerson |



Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)


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Explanation of Responses:

By:
/s/ Rodney E. Schwatken
** Signature of Reporting Person Date:

01/28/2003

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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. $78 \mathrm{ff}(\mathrm{a})$.
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.

