Edgar Filing: ARIKO BARRY A - Form 4

ARIKO BAR	RRY A											
Form 4												
May 18, 2012	2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi				8 /					Expires:	January 31,		
-	if no longer white to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005			
Section 1								Estimated average burden hours per				
Form 4 or								response 0.5				
Form 5	Filed	pursuant to S	Section 16	b(a) of the	Securit	ies E	xchang	e Act of 1934,	100001100	0.0		
obligation	¹⁸ Section	^					•	f 1935 or Sectio	n			
may conti <i>See</i> Instru	inue.		of the Inv	-	-							
1(b).	iction				1							
(Print or Type R	Responses)											
1. Name and A	ddress of Report	ting Person [*]	2. Issuer	Name and	Ticker or '	Tradir	ng	5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading5. RelationshipARIKO BARRY ASymbolIssuer					Issuer							
			-	E CORP [INCY1							
									(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	insaction			X Director	100	0		
EXPERIME	NTAI		-	Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
EXPERIMENTAL STATION, ROUTE 141 & HENRY			05/17/2012					below) below)				
CLAY ROA												
CLATIKOA												
(Street) 4.				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
	ON DE 100	00							Jne Reporting Pe Jore than One Re			
WILMINGT	TON, DE 198	80						Person		r8		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative	Securi	ities Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	ear) Execution	on Date, if	Code (D)				Securities	Form: Direct	Indirect		
(Instr. 3)		any						Owned In	(D) or	Beneficial		
		(Month/	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)			Ownership (Instr. 4)		
								Reported	(1130. 4)	(1130. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common							\$					
Stock	05/17/2012			Μ	5,000	А	¢.66	25,834	D			
							5.00					

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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 6.66	05/17/2012		М	5,000	<u>(1)</u>	06/03/2012	Common Stock	5,00

Reporting Owners

Reporting Owner Name / Addre	Relationships					
		Director	10% Owner	Officer	Other	
ARIKO BARRY A EXPERIMENTAL STATION ROUTE 141 & HENRY CLAY F WILMINGTON, DE 19880	ROAD	Х				
Signatures						
/s/ Barry M. 05/1 Ariko	8/2012					

**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).

(1) This option vests in full on the first anniversary of the date of grant or, if earlier, the date of the next regular annual meeting of the Company's stockholders or upon change of control (as defined in option plan).

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.