

LAMSON & SESSIONS CO

Form 4

November 12, 2002

| OMB APPROVAL                                         |
|------------------------------------------------------|
| OMB Number: 3235-0287                                |
| Expires: January 31, 2005                            |
| Estimated average burden<br>hours per response...0.5 |

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM 4**

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**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**

- ☐ Check this box if no longer  
subject to Section 16.  
Form 4 or Form 5  
obligations may continue.  
*See Instruction 1(b).*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                   |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------|---|-----------|---|----------------------------|---|--|---|-----------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------|---|----------------------------------------------|
| <b>1. Name and Address of Reporting Person*</b><br><br>Hill, George R.<br><hr/> <i>(Last) (First) (Middle)</i><br><br>Lubrizol Corporation<br>29400 Lakeland Boulevard -<br>Drop 021A<br><hr/> <i>(Street)</i>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>2. Issuer Name and Ticker or Trading Symbol</b><br><br>The Lamson & Sessions Co. LMS<br><hr/> | <b>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</b><br><br><hr/> |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
| Wickliffe, Ohio 44092<br><hr/> <i>(City) (State) (Zip)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4. Statement for Month/Day/Year</b><br><br>11/7/2002<br><hr/>                                 | <b>5. If Amendment, Date of Original (Month/Day/Year)</b><br><br><hr/>                            |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
| <b>6. Relationship of Reporting Person(s) to Issuer (Check All Applicable)</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center;">X</td> <td style="width: 40%;">Director</td> <td style="width: 10%; text-align: center;">O</td> <td style="width: 40%;">10% Owner</td> </tr> <tr> <td style="text-align: center;">O</td> <td>Officer (give title below)</td> <td style="text-align: center;">O</td> <td></td> </tr> <tr> <td style="text-align: center;">O</td> <td>Other (specify below)</td> <td style="text-align: center;"></td> <td></td> </tr> </table> <hr/> |                                                                                                  | X                                                                                                 | Director  | O | 10% Owner | O | Officer (give title below) | O |  | O | Other (specify below) |  |  | <b>7. Individual or Joint/Group Filing (Check Applicable Line)</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center;">X</td> <td style="width: 90%;">Form Filed by One Reporting Person</td> </tr> <tr> <td style="text-align: center;">O</td> <td>Form Filed by More than One Reporting Person</td> </tr> </table> | X | Form Filed by One Reporting Person | O | Form Filed by More than One Reporting Person |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Director                                                                                         | O                                                                                                 | 10% Owner |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Officer (give title below)                                                                       | O                                                                                                 |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other (specify below)                                                                            |                                                                                                   |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Form Filed by One Reporting Person                                                               |                                                                                                   |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Form Filed by More than One Reporting Person                                                     |                                                                                                   |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |   |                                              |

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).

---

**Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) | (A)<br>or<br>(D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                         |                                                       | Code V                            | Amount                                                               |                  | Price                                                                                            |                                                             |                                                          |
| Common Stock                       | 11/07/02                                |                                                       | A V                               | 1,156                                                                | A                | \$3.2417                                                                                         | 13,310                                                      | I (1)                                                    |
| Common Stock                       |                                         |                                                       |                                   |                                                                      |                  |                                                                                                  | 33,375                                                      | I (2)                                                    |
| Common Stock                       |                                         |                                                       |                                   |                                                                      |                  |                                                                                                  | 9,342                                                       | D (3)                                                    |

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

[illegible]

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

| 6. Date Exercisable and Expiration Date<br><i>(Month/Day/Year)</i> | 7. Title and Amount of Underlying Securities<br><i>(Instr. 3 and 4)</i> | 8. Price of Derivative Security<br><i>(Instr. 5)</i> | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)<br><i>(Instr. 4)</i> | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br><i>(Instr. 4)</i> | 11. Nature of Indirect Beneficial Ownership<br><i>(Instr. 4)</i> |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|                                                                    |                                                                         |                                                      |                                                                                                              |                                                                                            |                                                                  |

[illegible]

### Explanation of Responses:

(1) New account as of December 2001 - Shares held in Trust pursuant to Directors Deferred Compensation Plan - a 16b-3 Plan. Report of transactions completed by Trustee on November 7, 2002.

(2) Balance held in Trust pursuant to Directors Deferred Compensation Plan - a 16b-3 Plan. Report of transactions through September 2002. As of December 13, 2001, began 10-year distribution, per director's election. A total of 8,342 shares were distributed, each distribution of 4,171 shares, on December 13, 2001 and June 28, 2002, respectively, representing about two-tenths of the total 41,717 shares to be distributed. These shares have been previously reported on Section 16 filings. The descending balance will continue to be held by the trust through the 10-year distribution period.

(3) Adjusted to reflect the 8,342 shares described in footnote (2), now held directly.

/s/ Aileen Liebertz

11/12/2002

\*\*Signature of Reporting Person  
Aileen Liebertz,  
Attorney-in-Fact for George R. Hill

Date \_\_\_\_\_

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Edgar Filing: LAMSON & SESSIONS CO - Form 4

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.  
Page 4