1

6. Nature of Indirect

(Instr. 5)

Beneficial Ownership

## SCHWAB CHARLES CORP Form 3 August 03, 2005 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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)

1. Title of Derivative Security

(Instr. 4)

| 1. Name and A<br>Person <u>*</u><br>ALDINO  |                |          | <ul><li>2. Date of Event Requiring</li><li>Statement</li><li>(Month/Day/Year)</li></ul> | 3. Issuer Name and Ticker or Trading Symbol<br>SCHWAB CHARLES CORP [SCH]                                     |  |   |  |  |  |  |
|---|----------------|----------|---|--|--|---|--|--|--|--|
| (Last)  | (First)        | (Middle) | 07/28/2005  | 4. Relationsh<br>Person(s) to 2  | iip of Reporting<br>Issuer   | 5. If Amendment, Date Original Filed(Month/Day/Year)        |  |  |  |  |
| C/O THE CHARLES SCHWAB<br>CORPORATION, 120<br>KEARNY STREET<br>(Street)   |                |          |   | (Check all applicable)<br><u>X</u> Director 10% Owner<br>Officer Other<br>(give title below) (specify below) |  | 6. Individual or Joint/Group                                |  |  |  |  |
| SAN<br>FRANCISC   | CO, CAÂ        | 94108    |   |  | Form filed by More than One Reporting Person                               |   |  |  |  |  |
| (City)  | (State)        | (Zip)    | Table I - I   | Non-Derivative Securities Beneficially Owned   |  |   |  |  |  |  |
| 1.Title of Secu<br>(Instr. 4)   | rity           |          | 2. Amount o<br>Beneficially<br>(Instr. 4)   |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |  |  |  |  |
| Reminder: Rep<br>owned directly   | or indirectly. |          | ach class of securities benefic   |  | SEC 1473 (7-02)  |   |  |  |  |  |
| information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |                |          |   |  |  |   |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)                  |                |          |   |  |  |   |  |  |  |  |

2. Date Exercisable and 3. Title and Amount of

Expiration Title

Date

Securities Underlying

Amount or

Number of

**Derivative Security** 

(Instr. 4)

**Expiration** Date

(Month/Day/Year)

Exercisable

Date

4.

Conversion

or Exercise

Derivative

Price of

Security

5.

Ownership

Derivative

Security:

Direct (D)

Form of

#### **OMB APPROVAL** 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

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Shares or Indirect (I) (Instr. 5)

# **Reporting Owners**

|  | Relationships |          |              |         |       |  |  |  |  |
|--|---------------|----------|--------------|---------|-------|--|--|--|--|
| <b>Reporting Owner Name / Address</b>  |               | Director | 10%<br>Owner | Officer | Other |  |  |  |  |
| ALDINGER WILLIAM I<br>C/O THE CHARLES SC<br>120 KEARNY STREET<br>SAN FRANCISCO, CA | ÂX            | Â        | Â            | Â       |       |  |  |  |  |
| Signatures   |               |          |              |         |       |  |  |  |  |
| William F.<br>Aldinger III   | 07/28/2005    |          |              |         |       |  |  |  |  |
| <pre>**Signature of Reporting Person</pre>   | Date          |          |              |         |       |  |  |  |  |
| Explanation of Responses:  |               |          |              |         |       |  |  |  |  |

## No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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.