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CROCKER Form 4												
November 2												
FORM	14 UNITED	STATES S	ECUI	TIES	AND EX	СНА	NGE CO	OMMISSION		PROVAL		
	UNITED	DIAILOD			n, D.C. 20				OMB Number:	3235-0287		
Check this box				U	,				Expires:	January 31,		
subject to STATEMENT OF CHANGES IN BENE						ICIA	L OWN	ERSHIP OF	Estimated a	2005 verage		
Section 16. SECURITIES								burden hou	rs per			
Form 4 o Form 5		rsuant to Sec	ction 1	6(a) of (he Securi	ties F	xchange	Act of 1934,	response	0.5		
obligatio	ons Section 170						•	1935 or Section	1			
may con <i>See</i> Instr		30(h) of	the In	vestmer	nt Compa	ny Ac	t of 1940)				
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading						0	5. Relationship of Reporting Person(s) to					
CROCKER	R N WILL		ymbol		STRIES I	NC IF		Issuer				
(Last)	(First) (Transaction			(Check	all applicable)		
(Last)	(1131) (Day/Year)	Transaction		-	Director 10% Owner				
	R INDUSTRIES,		1/18/2	.010			Ī	_X_ Officer (give below)	title Othe below)	r (specify		
	PROFESSIONA Y EAST,SUITE 2						·	· · · · · · · · · · · · · · · · · · ·	nstrumentation			
	(Street)	4.	If Ame	endment, I	Date Origina	al	(6. Individual or Joi	int/Group Filin	g(Check		
		F	iled(Mo	nth/Day/Ye	ear)			Applicable Line) _X_ Form filed by O	na Panorting Pa	rson		
SARASOT	A, FL 34240						-	Form filed by M Form filed by M Person				
(City)	(State)	(Zip)	Tab	le I - Non	-Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.4. Securities Acquired (A)					6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially	Form: Ber	Indirect Beneficial		
(1100.0)								Owned		Ownership		
								Following Reported	or Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	11/18/2010			М	12,000	А	\$ 31.355	69,530	D			
Common Stock	11/18/2010			М	12,000	А	\$ 42.35	81,530	D			
Common Stock	11/18/2010			М	5,000	А	\$ 41.95	86,530	D			
Common Stock	11/18/2010			S	29,000	D	\$ 71.6	57,530	D			
Common Stock								9,146	Ι	By 401(k) Plan		

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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)

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. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 31.355	11/18/2010		М		12,000	04/18/2006	04/18/2012	Common Stock	12,000
Employee Stock Option (right to buy)	\$ 42.35	11/18/2010		М		12,000	02/01/2007	02/23/2013	Common Stock	12,000
Employee Stock Option (right to buy)	\$ 41.95	11/18/2010		М		5,000	02/12/2010	02/12/2019	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CROCKER N WILL C/O ROPER INDUSTRIES, INC. 6901 PROFESSIONAL PARKWAY EAST,SUITE 200 SARASOTA, FL 34240			VP, Instrumentation			

Signatures

N. Will Crocker, by Paul J. Soni, his attorney-in-fact, pursuant to Power of Attorney dated	11/22/2010
August 16, 2004.	11/22/2010

<u>**</u>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.