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WILSON MA	ARCUS										
January 21, 2	005										
FORM	4		GEGU						APPROVA	۱L	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-		
if no longe									January 31 200		
In the tologer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16. Section 16. SECURITIES Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934							Estimated burden ho response.	Estimated average burden hours per response			
obligation may contin <i>See</i> Instruct 1(b).	$\frac{s}{nue.}$ Section 17(a) of the l	Public U	Jtility Hol	ding C		t of 1935 or Secti				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> WILSON MARCUS			2. Issuer Name and Ticker or Trading Symbol PALL CORP [PLL]			5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) 3. Date of Ea				of Earliest T	ransactio	n	(Check all applicable)				
PALL CORF	(Month/Day/Year) 01/19/2005			X Director 10% Owner X Officer (give title Other (specify below) below) President							
EAST HILL	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 							
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivati	ve Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	d	
	2. Transaction Date Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3	(A) or ed of (D) (A, 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip	
Reminder: Repo	ort on a separate line	for each cl	ass of sec	urities bene	Pers info requ disp	sons who re rmation con lired to resp	or indirectly. spond to the colle tained in this forr ond unless the fo ently valid OMB co	n are not orm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		А	7,500	01/19/2006	01/19/2012	Common Stock	7,500
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		A	7,500	01/19/2007	01/19/2012	Common Stock	7,500
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		A	7,500	01/19/2008	01/19/2012	Common Stock	7,500
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		А	7,500	01/19/2009	01/19/2012	Common Stock	7,500
Restricted Stock Units	(1)	01/19/2005		А	8,000	01/19/2009	01/19/2009	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WILSON MARCUS PALL CORPORATION 2200 NORTHERN BLVD. EAST HILLS, NY 11548	Х		President				
EAST HILLS, NY 11548							

Signatures

Mary Ann Bartlett as Attorney-in-Fact for Marcus 01/21/2005 Wilson

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**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).

The Units will vest and become convertible into shares of Common Stock of the Issuer on a one-for-one basis on the date shown in

(1) Column 6 provided the Reporting Person is still employed by the Issuer or a subsidiary on that date. If employment terminates sooner, the Units will be forfeited unless termination of employment occurs because of death, disability, retirement, or termination of employment without cause, in any of which events the Units may vest in whole or in part.

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.