#### OWENS & MINOR INC/VA/

Form 4

August 09, 2007

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

Stock

(Print or Type Responses)

| 1. Name and A CAPE OLW         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol                               |                    |                                 |                          |    |              | 5. Relationship of Reporting Person(s) to Issuer  |               |  |                  |          |  |
|--------------------------------|--|--------------------|---------------------------------|--------------------------|----|--------------|---|---------------|--|------------------|----------|--|
|                                |  |                    | OWENS & MINOR INC/VA/ [OMI]     |                          |    |              |   | [OMI]         | (Check all applicable)   |                  |          |  |
| (Last)                         | (First) (N   | Middle)            | 3. Date of Earliest Transaction |                          |    |              |   |               |  |                  |          |  |
| 9120 LOCK                      | (Month/Day/Year)<br>08/08/2007   |                    |                                 |                          |    |              | Director 10% OwnerX Officer (give title Other (specify below)  Vice President, Controller |               |  |                  |          |  |
|                                | 4. If Amendment, Date Original   |                    |                                 |                          |    |              | 6. Individual or Joint/Group Filing(Check   |               |  |                  |          |  |
|                                |  | ed(Month/Day/Year) |                                 |                          |    |              | Applicable Line) _X_ Form filed by One Reporting Person                                   |               |  |                  |          |  |
| MECHANI                        |  |                    |                                 |                          |    |              | Form filed by More than One Reporting Person  |               |  |                  |          |  |
| (City)                         | (State)  | (Zip)              | Table                           | e I - Non-               | De | rivative     | Secur   | ities Acq     | uired, Disposed of   | f, or Beneficial | ly Owned |  |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date any (Month/Day/Ye |                    |                                 | Code (Instr. 3, 4 and 5) |    |              |   |               | 5. Amount of Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4) |                  |          |  |
| Common<br>Stock                | 08/08/2007   |                    |                                 | Code V<br>M              |    | Amount 3,000 | (D)   | Price \$ 14.9 | 18,572   | D                |          |  |
| Common                         | 08/08/2007   |                    |                                 | S                        |    | 3,000        | D   | \$<br>42.72   | 15,572   | D                |          |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

42.72

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5. Number tion 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 of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|---|---------------------------------------|---|-------|--|--------------------|---|--|
|   |   |   |   | Code V                                | (A)   | (D)   | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option                         | \$ 14.9   | 08/08/2007                              |   | M                                     |   | 3,000 | 01/30/2003   | 01/30/2009         | Common<br>Stock   | 3,000                                  |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CAPE OLWEN B 9120 LOCKWOOD BLVD. MECHANICSVILLE, VA 23116

Vice President, Controller

## **Signatures**

Olwen B. Cape 08/09/2007

\*\*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.

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