## Edgar Filing: ROGERS CORP - Form 4

ROGERS CO	RP										
Form 4											
June 27, 2005											
FORM	4 UNITED S	TATES S	ECURI	TIES AN	ND EXC	HAN	NGE CO	OMMISSION		PROVAL	
		1111200		nington, I					Number:	3235-0287	
Check this									Expires:	January 31,	
subject to STATEMENT OF CHA				NGES IN BENEFICIAL OW				ERSHIP OF	Estimated a	2005 verage	
Section 16								burden hour	's per		
Form 4 or Form 5	Filed pure	uent to So	ation 16	(a) of the	Socuriti	oc Ev	changa	Act of 1034	response	0.5	
obligations	Section 17(a						•	Act of 1934, 1935 or Section	n		
may contin See Instruc	iue.			estment C	<b>.</b>	• •			L		
1(b).					1 5						
	,										
(Print or Type Re	esponses)										
1. Name and Ad	dress of Reporting P	erson <sup>*</sup>	2. Issuer I	Name <b>and</b> 7	Ficker or T	Frading	g	5. Relationship of 1	Reporting Pers	on(s) to	
KRAUS EILEEN S Symbol				suer Name <b>and</b> Ticker or Trading				Issuer			
			ROGERS CORP [ROG]					(Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date o			f Earliest Transaction				(Check an applicable)			
			(Month/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify			
			06/27/2005					below) below)			
(Street) 4. If Amenda Filed(Month/			. If Amen	mendment, Date Original				6. Individual or Joint/Group Filing(Check			
			/Day/Year)				Applicable Line)				
WEST HAD		77						_X_ Form filed by O Form filed by M			
WEST HAK	FFORD, CT 061	57						Person			
(City)	(State) (	Zip)	Table	I - Non-De	rivative S	ecurit	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date		ion Date, if Transactior(A) or Disposed of (D)					5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)							Securities	Ownership Indirect Form: Direct Beneficia		
(Instr. 3)		any (Month/Da	Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)				5)	Owned		Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Capital				code v	7 mount	(D)	ф.				
(Common)	06/27/2005			А	372	А	\$ 40.35	648	D		
Stock							40.55				

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)

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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. Transactic Code (Instr. 8)	5. Number of 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 40.35	06/27/2005		A <u>(1)</u>	2,250	06/27/2005	06/27/2015	Capital (Common) Stock	2,250

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
KRAUS EILEEN S 209 TUNXIS ROAD WEST HARTFORD, CT 06107	Х						
Signatures							
Eileen D. Kania as Power of							
Attorney		06/27/2005					
**Signature of Reporting Person		Date					
Evalence of Dec							

## **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).
- (1) Granted pursuant to the new Rogers Corporation 2005 Equity Compensation Plan.

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.