Edgar Filing: WORLD ACCEPTANCE CORP - Form 4

| WORLD AC Form 4 August 02, 20 | CEPTANCE CO | RP | | | | | | | | |
|--|---|--|---|-------------------------------------|--------------------|---|---|--|----------|--|
| FORM | 1 | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box if no longer STATEMENT OF CHANCES IN BENEFICIAL | | | | | . OW | NERSHIP OF | Expires: | January 31, 2005 | | |
| Section 16 | subject to Section 16. SECURITIES Form 4 or | | | | | | Estimated average burden hours per response 0.5 | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | ^{is} nue. Section 17(a | uant to Section 1) of the Public Ut 30(h) of the In | tility Hold | ling Com | pany | Act of | f 1935 or Section | · | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Ad WALTERS | Symbol WORLI | 2. Issuer Name and Ticker or Trading Symbol WORLD ACCEPTANCE CORP [WRLD] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) PO BOX 642 | (Month/D | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2006 | | | | X_ Director Officer (give below) | Officer (give title Other (specify | | | |
| | | | If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| GREENVIL | LE, SC 29606-64 | 29 | | | | | Form filed by M Person | fore than One Re | porting | |
| (City) | (State) (| Zip) Tabl | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | on(A) or Dis (D) (Instr. 3, 4 | and 5 (A) or | of 5) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common stock, no par value | 07/31/2006 | 07/31/2006 | Code V $G^{(1)}$ | Amount 13,124 | (D) D | Price \$ 0 | | D | | |

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) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Add | ress | s Relationships | | | | | | | |
|--|------------|-----------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| WALTERS CHARLES D PO BOX 6429 GREENVILLE, SC 29606-6 | X 5429 | | | | | | | | |
| Signatures | | | | | | | | | |
| Charles D. Walters | 08/02/2006 | | | | | | | | |
| **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).
- (1) Gift of Stock

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.