

Civils Paul A.  
Form 3  
May 13, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Civils Paul A.</p> <p>(Last) (First) (Middle)</p> <p>3550 RUTHERFORD ROAD</p> <p>(Street)</p> <p>TAYLORS,Â SCÂ 29687</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/29/2009</p>	<p>3. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p>AGILYSYS INC [AGYS]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>SVP &amp; Gen. Manager</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common shares	178.5743	I	By Agilysys, Inc. Benefit Equalization Plan
Common shares	2,717.955	I	By Agilysys, Inc. Section 409A Benefit Equalization Plan
Common shares	2,738.0882	I	By The Retirement Plan of Agilysys, Inc.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

## Edgar Filing: Civils Paul A. - Form 3

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date <small>(Month/Day/Year)</small>		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Options to purchase common stock	Â <u>(1)</u>	07/28/2016	Common Stock	8,000	\$ 15.85	D	Â
Options to purchase common stock	Â <u>(2)</u>	05/21/2017	Common Stock	12,000	\$ 22.21	D	Â
Options to purchase common stock	Â <u>(3)</u>	05/23/2018	Common Stock	12,000	\$ 9.82	D	Â
Options to purchase common stock	Â <u>(4)</u>	11/13/2018	Common Stock	40,000	\$ 2.51	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Civils Paul A. 3550 RUTHERFORD ROAD TAYLORS, SC 29687	Â	Â	Â SVP & Gen. Manager	Â

## Signatures

/s/ Kathleen A. Weigand, by power of attorney for Paul A.  
Civils 05/13/2009

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) Options are exercisable as follows: 4,000 on 3/31/08 and 4,000 on 3/31/09.

(2) Options are exercisable as follows: 4,000 on 3/31/08, 4,000 on 3/31/09 and 4,000 on 3/31/10.

(3) Options become exercisable as follows: 4,000 on 3/31/09, 4,000 on 3/31/10 and 4,000 on 3/31/11.

(4) Options become exercisable as follows: 13,333 on 3/31/09, 13,333 on 3/31/10 and 13,334 on 3/31/11.

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.