OWENS & MINOR INC/VA/

Form 4/A June 01, 2005

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 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).

Common

05/20/2005

(Print or Type Responses)

| 1. Name and Address of Reporting Person * CAPE OLWEN B | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|--|---|--|---|---|--|--|--|--|---------|--|
| (Last) | (First) (| (Middle) | OWENS & MINOR INC/VA/ [OMI] 3. Date of Earliest Transaction | | | | [OMI] | (Check all applicable) | | | |
| 4800 COX I | ROAD | (Month/Day/Year) 05/24/2005 | | | | Director 10% Owner _X_ Officer (give title Other (specify below) Vice President | | | | | |
| GLEN ALL | (Street) EN, VA 23060 | 4. If Amendment, Date Original Filed(Month/Day/Year) 05/23/2005 | | | | | 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) | Table | e I - Non-D | erivative S | Securi | ties Acq | uired, Disposed of | f, or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) |) Execution any | | 3. Transaction Code (Instr. 8) | 4. Securit on(A) or Dis (Instr. 3, 4) | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | | | | - CC CC V | Timount | | | 11,340 | D | | |
| | | | | | | | c | | | | |

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.

0

30.39

I

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

1.078

D

401(k) (1)

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8. Price of Derivative Security (Instr. 5)

| 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. Transacti Code (Instr. 8) | 5. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | 7. Title and A Underlying S (Instr. 3 and | ecurities |
|---|---|--------------------------------------|---|---------------------------------------|---|---------------------|--------------------|---|--|
| | | | | | 4, and 5) | | | | |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Common | <u>(2)</u> | | | | | (2) | (2) | Common | <u>(2)</u> |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CAPE OLWEN B 4800 COX ROAD GLEN ALLEN, VA 23060

Vice President

Signatures

Olwen B. Cape 06/01/2005

**Signature of Date Reporting Person

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) Change in contrbution to Company's 401(k)
- (2) Stock Option grants awarded from 02/2/00 to 4/28/05 with an exercise price of \$8.31to \$29.58 and expiration dates of 1/30/08 to 4/28/12. 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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