CAPE OLWEN B

Form 4 February 04, 2008

# 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

01/31/2008

01/31/2008

Stock (1) Common

Stock (2)

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).

(Print or Type Responses)

1. Name and Address of Reporting Person * CAPE OLWEN B				2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
	(I A	(F' 1)		OWENS & MINOR INC/VA/ [OMI] 3. Date of Earliest Transaction				(Check all applicable)					
	(Last)	(First) (M											
9120 LOCKWOOD BLVD.				(Month/Day/Year) 01/31/2008					Director 10% OwnerX Officer (give title Other (specify below)  Vice President, Controller				
		4	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check				
					Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(City)	(State)	(Zip)	Table	I - Non-	De	erivative S	ecuri	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8		4. Securit nAcquired Disposed (Instr. 3, 4	(A) o 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common	01/31/2009			۸		258	٨	0.2	15 600	D		

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

Α

A

258

262

Α

\$0

\$0

15,609

15,871

D

D

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### Edgar Filing: CAPE OLWEN B - Form 4

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date		Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security Acquir				Acquired				Follo		
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration	Title N	r Jumber		
						Exercisable	Date				
				C + V	(A) (D)			0			
				Code V	(A) (D)			S	hares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

CAPE OLWEN B 9120 LOCKWOOD BLVD. MECHANICSVILLE, VA 23116

Vice President, Controller

### **Signatures**

Olwen B. Cape by Rosemarie W. France,

**POA** 02/04/2008

> \*\*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) Restricted stock with five year vesting date.
- (2) Restricted stock with three year vesting date.

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. s 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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