

Edgar Filing: 800AMERICA COM INC - Form 4

800AMERICA COM INC
Form 4
August 06, 2002

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

<input type="checkbox"/> Check box if no longer subject of Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">OMB APPROVAL</td> </tr> <tr> <td style="border: 1px solid black;"> OMB Number: 3235-0287 </td> </tr> <tr> <td style="border: 1px solid black;"> EXPIRES: December 31, 2001 </td> </tr> <tr> <td style="border: 1px solid black;"> Estimated average burden </td> </tr> <tr> <td style="border: 1px solid black;"> hours per response.....0.5 </td> </tr> </table>	OMB APPROVAL	OMB Number: 3235-0287	EXPIRES: December 31, 2001	Estimated average burden	hours per response.....0.5
OMB APPROVAL						
OMB Number: 3235-0287						
EXPIRES: December 31, 2001						
Estimated average burden						
hours per response.....0.5						

(Print or Type Responses)

1. Name and Address of Reporting Person*

Richard K. Sullivan
450 Lexington Avenue
New York, NY 10012

2. Issuer Name and Ticker or Trading Symbol

800 America.com, Inc. (ACCO)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

June 2002

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person to Issuer
(Check all applicable)

<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
<input type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)

7. Individual or Joint/Group Filing (check Applicable Line)

Edgar Filing: 800AMERICA COM INC - Form 4

[X] Form filed by One Reporting Person
 [] Form filed by more than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of,
 or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (mm/dd/yy)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at of Month (Instr. 3 and 4)
		Code	V	Amount	(A) or (D)	
Common Stock	6/29/02	P		25,000	A (1)	25,000

(1) Shares were given for services as a member of the Board of Directors. Fair Market Value as of 6/29/02 was \$57,250.

* If the Form is filed by more than one reporting person, see Instruction 4(b)(v).

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

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 control number.

FORM 4 (continued)

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

Edgar Filing: 800AMERICA COM INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conver- sion or Exer- cise Price of Deriv- ative Secur- ity	3. Trans- action Date (Month/ Day/ Year)	4. Trans- action Code (Instr. 8) ----- Code V	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) ----- (A) (D)	6. Date Exercisable and Expiration Date (Month/Day/Year) ----- Date Expira- tion Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4) ----- Amount or Number of Shares Title
--	---	--	--	--	---	---

Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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 control number.

/s/ Richard K. Sullivan

**Signature of Reporting Person

Date

