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| APTARGRO | OUP INC | | | | | | | | | | | |
|---|------------------------------------|---------------------|--------------------------------|--|-----|-------------|-------------|-------------|--|--|---------------------|--|
| Form 4 | | | | | | | | | | | | |
| November 2 | 8, 2007 | | | | | | | | | | | |
| FORM | 14 | | | | | | | | | OMB AF | PROVAL | |
| Washington, D.C. 20549 | | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer | | | | | | | AT 1 | | | Expires: | January 31, 2005 | |
| subject to Section 16. Form 4 or Form 5 Filed pursuant to Section | | | | SECU | JR | ITIES | | | | Estimated a burden hour response | average urs per | |
| obligatio may con <i>See</i> Instr 1(b). | tinue. Section 1 | | Public U of the In | • | | • | - · | | 1935 or Sectior 0 | 1 | | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| PFEIFFER PETER Symbol | | | | er Name and Ticker or Trading RGROUP INC [ATR] | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | | | | - | 1 | | (Check | c all applicable |) | |
| () () () () () () () () () () | | | | of Earliest Transaction Day/Year) 2007 | | | | | _X_ Director 10% Owner _X_ Officer (give title Other (specify | | | |
| WEST TER SUITE E | RA COTTA A | VE., | | | | | | | below) Vic | below) ce Chairman | | |
| | (Street) | | 4. If Ame Filed(Mor | | | te Original | | | 6. Individual or Joi Applicable Line) _X_ Form filed by O | ne Reporting Per | rson | |
| CRYSTAL | LAKE, IL 600 | 14 | | | | | | | Form filed by M Person | ore man one ke | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non | ı-D | erivative S | Securi | ties Acqu | uired, Disposed of, | or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | ned n Date, if Day/Year) | Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. 7. Nature o Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4) | | |
| | | | | Code | v | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 11/28/2007 | | | S | | 68,800 | D | \$ 43 | 993,322 | D | | |
| Common Stock | 11/28/2007 | | | S | | 900 | D | \$ 43.01 | 992,422 | D | | |
| Common Stock | 11/28/2007 | | | S | | 2,600 | D | \$ 43.02 | 989,822 | D | | |
| Common Stock | 11/28/2007 | | | S | | 7,500 | D | \$ 43.03 | 982,322 | D | | |

S

8,200 D

\$ 43.05 974,122

D

Common

Stock

11/28/2007

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

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| PFEIFFER PETER C/O APTARGROUP, INC. 475 WEST TERRA COTTA AVE., SUITE E CRYSTAL LAKE, IL 60014 | Х | | Vice Chairman | | | | |
| Signatures | | | | | | | |
| Peter Pfeiffer by Ralph Poltermann as attorney-in-fact | 11/28/2007 | | | | | | |
| **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).

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.