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Chipman Michael Form 4	l A										
November 30, 20	05										
FORM 4		~ ~							PPROVAL		
	UNITED	STATES		RITIES A shington			COMMISSION	NOMB Number:			
Check this box if no longer							Expires:	January 31, 2005			
subject to Section 16. Form 4 or	STATEN	AENT OI	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						ated average n hours per nse 0.5		
Form 5 obligations may continue. See Instruction 1(b).	Section 17(a) of the l	Public U	tility Hol	ding Cor		nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Chipman Michael A			2. Issuer Name and Ticker or Trading Symbol			Trading	5. Relationship of Reporting Person(s) to Issuer				
			BofI Holding, Inc. [bofi]				(Che	eck all applicabl	all applicable)		
(Last) (First) (Middle) PO BOX 7216			3. Date of Earliest Transaction (Month/Day/Year) 11/28/2005				XDirector10% Owner Officer (give titleOther (specify below) below)				
INCLINE			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
VILLAGE, NV 8		(7in)									
(City) ((State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on	a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly o	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.SEC 1474 (9-02)											
	Tab					posed of, or convertible s	Beneficially Owned securities)	I			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year) (Instr. 8)	(A) or Dispose (D)	Disposed of (D) (Instr. 3, 4,				(In
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option Grant (1)	\$ 8.5	11/28/2005	А	7,500		(2)	11/28/2015	Common Stock	7,500

Reporting Owners

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
Chipman Michael A PO BOX 7216 INCLINE VILLAGE, NV 8	39452-7216	Х			
Signatures					
Gary Evans	11/28/2005				
**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) Options are held directly by Michael Chipman. Michael and Evelyn Chipman are sole managers and members of Chipent, LLC which is the general partner of The Chipman First Family Limited Partnership.
- (2) (2) Options vest as to 1/3 of the underlying shares on the first anniversary of the grant date and vest as to 1/36 of the underlying shares each month thereafter.

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.