## Edgar Filing: MCF CORP - Form 4

MCF CORP												
Form 4												
October 23, 2	2007											
FORM	1 4									-	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box										Expires:	January 31,	
if no long subject to	ŚTATE	MENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNERSH				<b>NERSHIP OF</b>	·	2005 Worago	
Section 1				SECU	ECURITIES					Estimated average burden hours per		
Form 4 or								response	•			
Form 5 obligatior	• •							-	ge Act of 1934,			
may conti	Section 1			•		•	· ·		f 1935 or Sectio	n		
See Instru		30(h)	) of the Inv	vestmen	t C	Compan	y Act	: of 19	40			
1(b).												
(Print or Type R	(esponses)											
(I fine of Type is	(csponses)											
1. Name and A	ddress of Reportin	g Person *	2 Issuer	Name an	гы	Ficker or '	Tradin	σ	5. Relationship of	Reporting Person(s) to		
SCHMAL D		-	Symbol					5	Issuer	1 0		
Symbol				CORP [MEM]								
(Last)							(Check all applicable)					
(Last)	(11150)	(Middle)	(Month/D		rai	nsaction			X Director	10%	Owner	
600 CALIFO	ORNIA STREE	ET. 9TH	05/04/20	•					Officer (give		er (specify	
FLOOR		, >	05/04/20						below)	below)		
	(Street)		4 If Δmer	ndment F	)ate	Original			6 Individual or I	oint/Group Filiu	ισ(Check	
				Amendment, Date Original l(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 1100(11101	, 2 uj, 1 e					_X_ Form filed by (			
SAN FRAN	CISCO, CA 94	108							Form filed by M Person	More than One Re	eporting	
	(State)	$(7;\mathbf{n})$										
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D			3.		4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Yea	· ·	on Date, if	TransactionAcquired (A) or Code Disposed of (D)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(IIIsu. 5)		any (Month	(Day/Year) (Instr. 8) (Instr. 3, 4 and					Owned	Indirect (I)	Ownership		
					- /	Following	(Instr. 4)					
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
~				Code	V	Amount	(D)	Price	(msu. 5 and +)			
Common Stock $(1)$	05/04/2007			А		2,436	А	\$0	35,318	D		

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)

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

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
SCHMAL DENNIS 600 CALIFORNIA STREET, 9TH FLOOR SAN FRANCISCO, CA 94108	Х							
Signatures								
Dennis Schmal 10/23/2007								

\*\*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).
- Restricted stock granted from MCF Corporation 2006 Directors' Stock Option and Incentive Plan as compensation for Board of Director (1) Services.

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.