Edgar Filing: BLAIR CORP - Form 4

BLAIR COR	Р										
Form 4											
January 20, 2	.005										
FORM	Δ Δ									PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31 2005	
subject to STATEMENT OF CHA				NGES IN BENEFICIAL OW				NERSHIP OF	Estimated a	ated average	
Section 16.				SECURITIES					burden hou	irs per	
Form 4 or Form 5	-				G		1	A . 4 . 6 1024	response	0.5	
obligation	· · · · · · · · · · · · · · · · · · ·							ge Act of 1934, If 1935 or Sectio	n		
may conti	nue.		of the Inv	•	•	- ·			11		
See Instru 1(b).	ction	50(II)		vestment	company	y Aci	0117	-10			
-(-).											
(Print or Type R	esponses)										
1 37 1 4	11 (D (D *						5 5 1 2 1 1			
ESPIN MARK J Symbol				2. Issuer Name and Ticker or Trading /mbol LAIR CORP [BL]				5. Relationship of Reporting Person(s) to Issuer			
В				-	-			(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	ansaction			D:	100		
220 HICKO	RY STREET		(Month/Da	Aonth/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify			
220 merch	KI SIKLLI		01/16/20	105				below)	below)		
								V	ice President		
(Street) 4. If Amer			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mon	th/Day/Year))			Applicable Line) _X_ Form filed by	One Reporting P	arson	
WARREN, I	PA 16366								Aore than One Re		
WARREN, I	IA 10500							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	· · · · · · · · · · · · · · · · · · ·		on Date, if TransactionAcquired (A) or				Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month)	Dou/Voor)	Code Disposed of (D) (Instr. 8) (Instr. 3.4 and 5)				· · ·	D) or indirect (I)	Beneficial Ownership	
		(Month/Day/			7/Year) (Instr. 8) (Instr. 3, 4 and 5)					(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common	01/18/2005			А	1,050	А	\$0	12,127	D		
Stock					(1)						

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 19.3					(2)	04/15/2012	Common Stock	3,034	
Employee Stock Option (right to buy)	\$ 23.6					<u>(3)</u>	04/15/2013	Common Stock	6,400	

Reporting Owners

Reporting Owner Name / Addro	ess	Relationships						
	Director	10% Owner	Officer	Other				
ESPIN MARK J 220 HICKORY STREET WARREN, PA 16366			Vice President					
Signatures								
/s/ MARK J. ESPIN	01/18/2005							

**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) The grant of 1050 shares vests in five equal annual installments beginning on January 18, 2006.
- (2) The option of 9,102 shares vests in three equal annual installments beginning on April 15, 2003.
- (3) The option of 9,600 shares vests in three equal annual installments beginning on April 15, 2004.

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.