Edgar Filing: LYONS WILLIAM J - Form 4

LYONS WIL	LIAM J											
Form 4												
May 05, 2009)											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	• UNITED	STATES						NGE (COMMISSION	ONID	3235-0287	
Check this	s hox		Was	hington	ı, I	D.C. 205	549			Number:		
if no long	ar.									Expires:	s: January 31, 2005	
subject to	STATEN	IENT O	F CHAN		GES IN BENEFICIAL OWNERSHIP					Estimated a		
Section 16								burden hours per				
Form 4 or Form 5			0 . 1/		1	a	Б	1		response	0.5	
obligation	~ ^								ge Act of 1934,			
may conti				•		•	• •		of 1935 or Sectio	n		
See Instru	ction	30(n)	of the Inv	/estmen	t C	ompan	y Act	OF 19	40			
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person _2. Issuer Name and Ticker or Trading5. Relationship of Reporting Person(s) to								son(s) to				
LYONS WII	LLIAM J		Symbol	-				0	Issuer			
•				LGON CARBON					(Check all applicable)			
CORPO			CORPO	RPORATION [CCC]					(Check all applicable)			
(Last)	(First) (N	Middle)	3. Date of	Earliest 7	Гrar	nsaction			X Director	10%	6 Owner	
(Month/D			(Month/Da	onth/Day/Year)					Officer (give title Other (specify below)			
P.O. BOX 717 05/01/20			/2009					Delow) Delow)				
(Street) 4. If Amen			nendment, Date Original Ionth/Day/Year)					6. Individual or Joint/Group Filing(Check				
Filed(Mont								Applicable Line) _X_ Form filed by One Reporting Person				
PITTSBURG	GH, PA 15230									More than One Re		
(City)	(State)	(Zin)										
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date			3. 4. Securities					5. Amount of	6. Ownership		
Security	(Month/Day/Year)		on Date, if	TransactionAcquired (A) or						Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)						Beneficially Owned		Ownership	
(Itolia, Day Toll)			(mont o) (mont o, tund o)				-)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(Instr. 5 and 4)			
Common Stock (1)	05/01/2009			А		2,910	А	\$0	7,077	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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
LYONS WILLIAM J								
P.O. BOX 717	Х							
PITTSBURGH, PA 15230								
Signatures								
Dennis M. Sheedy	05/05/2009							
•								
**Signature of	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) Award of Time Vested Restricted Stock under the Calgon Carbon Corporation 2008 Equity Incentive Plan.

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.

Reporting Person