Edgar Filing: OFFICEMAX INC - Form 4

OFFICENANTING

OFFICEMA	X INC										
Form 4											
April 20, 200	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED S	STATES SEC	CURITIES A	ND EXC	HAN	IGE (COMMISSION	OMB	0005 0007		
			Washington,	D.C. 205	549			Number:	3235-0287		
Check this								Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP OF				Estimated a	2005		
Section 10		SECUR						burden hours per			
Form 4 or								response	•		
Form 5 obligation						-	e Act of 1934,				
may conti			•	•			f 1935 or Sectio	n			
See Instru		30(h) of th	e Investment	Company	Act	of 194	40				
1(b).											
(Print or Type R	(esponses)										
1 Name and A	ddrass of Paparting P	Dorson *					5 Deletionship of	Panarting Dar	aon(a) to		
				uer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
Denerino		Sym			1						
		OFI	FICEMAX IN		J		(Chec	k all applicable	e)		
(Last)	(First) (M		te of Earliest Tr	ansaction							
			(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
150 PIERCE	EROAD	04/	8/2005				below)	below)	ci (specify		
							CEO	O and President			
			. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			d(Month/Day/Year)				Applicable Line)				
							_X_Form filed by	One Reporting Pe Aore than One Re			
ITASCA, IL	60143						Person		porting		
(City)	(State) (Zip)	F-1.1. T NL F		•	• • • •	·	e			
							uired, Disposed o		-		
1.Title of	2. Transaction Date		3.			-	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Dat any	c, ii Transacti Code	on(A) or Dia (D)	sposed	1 01	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(11041-0)		(Month/Day/Y		(Instr. 3, 4	4 and 5	5)	Owned	Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported Transaction(s)				
					or		(Instr. 3 and 4)				
G			Code V	Amount	(D)	Price	(Linsur e unu 1)				
Common	04/18/2005		А	50,000	А	\$0	50,000	D			
Stock											

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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
Stock Option (Right to Buy)	\$ 32.66	04/18/2005		A	70,000	<u>(1)</u>	04/18/2015	Common Stock	70,000
Stock Option (Right to Buy)	\$ 32.66	04/18/2005		A	180,000	(2)	04/18/2015	Common Stock	180,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DUNCAN SAM K 150 PIERCE ROAD ITASCA, IL 60143			CEO and President				
Signatures							
/s/Susan Wagner-Fleming on b Duncan	ehalf of S	am K.	04/20/2005				

Explanation of Responses:

**Signature of Reporting Person

- * 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) Option will vest and become fully exercisable with respect to 33.3% of the shares subject to this option on the first three anniversaries of the grant date.

Date

(2) Option will vest and become fully exercisable with respect to 20% of the shares subject to this option on each of the first five anniversaries of the grant date.

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.