Edgar Filing: MANUGISTICS GROUP INC - Form 4

| MANUGIST | TICS GROUP INC | 2 | | | | | | | | | |
|---|---|----------------------|------------|--|-------------|------------|---|--|-------------------|-------------------|--|
| Form 4 | | | | | | | | | | | |
| November 03 | 3, 2005 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check this box if no longer | | | | | | | | | Expires: | January 31, | |
| subject to | | r STATEMENT OF CHANG | | | | | | | · | Estimated average | |
| Section 1 | 6. | SECURITIES | | | | | | burden hours per | | | |
| Form 4 or Form 5 | | | | | | | | | response | 0.5 | |
| obligation | . | | | | | | - | e Act of 1934, | | | |
| may cont | inue. Section 17(a | | | • | . | | | f 1935 or Sectio | n | | |
| See Instru 1(b). | action | 30(II) | of the Inv | vestment | Company | Act | 01 194 | +0 | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Kissling Jeffrey L Symbol | | | | Issuer Name and Ticker or Trading bol NUGISTICS GROUP INC | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | | | | | |
| | | | [MANU | | GROOT | nie | | (Chec | ck all applicable | e) | |
| (Last) | (First) (N | (fiddle) | - | Earliest Tra | neaction | | | Director | 10% | Owner | |
| (Eust) | (1130) | induic) | (Month/D | | ansaction | | | X Officer (give | e title Oth | er (specify | |
| 9715 KEY WEST AVENUE 11/01/20 | | | | - | | | below) below) SVP & Chief Technology Officer | | | | |
| | (Street) | | 4 TE A | - descent Des | | | | | | | |
| | (Street) | | | ndment, Dat th/Day/Year) | - | | | 6. Individual or Jo Applicable Line) | Sint/Group Fill | 1g(Check | |
| | | | 1 neu(mon | ui/Day/1Cal) | , | | | _X_Form filed by (| One Reporting Pe | erson | |
| ROCKVILL | LE, MD 20850 | | | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ties Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | | | | | quired | | 6. Ownership Form: Direct | 7. Nature of | | |
| (Instr. 3) | (Wolldhibay/Tear) | any | Code (D) | | | | | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Y | | | × / | | | | · · · | Ownership | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common | 11/01/0007 | | | | | | | 20.000 | D | | |
| Stock | 11/01/2005 | | | А | 30,000 | А | \$0 | 30,000 | 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)

| 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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exerce Expiration Day (Month/Day/ | ate | 7. Title and A Underlying S (Instr. 3 and | Securities 1 |
|---|---|---|---|--|--|---|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Common Stock (right to buy) | \$ 1.795 | 11/01/2005 | | A | 75,000 | <u>(1)</u> | 11/01/2015 | Common Stock | 75,000 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|
| 1 | Director | 10% Owner | Officer | Other | | |
| Kissling Jeffrey L 9715 KEY WEST AVENUE ROCKVILLE, MD 20850 | | | SVP & Chief Technology Officer | | | |
| Signaturas | | | | | | |

Signatures

| /s/Jeffrey L. Kissling | 11/01/2005 | | |
|---------------------------|------------|--|--|
| **Cianatana of | Dete | | |

**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) Vest on the earlier to occur of: (i) the employee's involuntary termination without Cause or resignation for Good Reason; (ii) a Change in Control of the Company; or (iii) one year from the date of grant.

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.