Edgar Filing: SYSTEMAX INC - Form 4/A

SYSTEMAX	INC												
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March 17, 20	06												
FORM	Λ										PPROV	AL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235	5-0287			
Check this								Expires:	Janua				
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005 2005				
Section 16	5.	SECURITIES								Estimated average burden hours per			
Form 4 or										response	•	0.5	
Form 5	a	*						•	ge Act of 1934,				
obligation may conti				•		•	• •		of 1935 or Sectio	n			
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestmen	it C	Company	Act	of 19	40				
(Print or Type R	esponses)												
1 Name and A	drass of Dapart	ing Dorson *	0 T			T . 1 T			5 Delationship of	f Doporting Dor	con(c) to		
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Issuer Bruce Leeds 2005 Irrevocable Trust Symbol Issuer						Reporting reison(s) to							
Bruce Leeds 2005 Irrevocable Trust _{Symbol} SYSTEMAX II													
5				MAA IN	NC				(Check all applicable)				
(Last) (First) (Middle) 3. Da				. Date of Earliest Transaction									
				(Month/Day/Year)					DirectorX_10% Owner Officer (give title Other (specify				
C/O SYSTE	12/31/20	12/31/2004					below) below)						
HARBUR P.	ARK DRIVE	2											
Fil				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				th/Day/Yea	ar)				Applicable Line)				
02/14/2006							_X_ Form filed by One Reporting Person Form filed by More than One Reporting						
PORTWAS	HINGTON, I	NY 11050							Person		-r8		
(City)	(State)	(Zip)	Table	e I - Non-	De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owne	ed	
1.Title of	2. Transaction	emed 3. 4. Securities						5. Amount of	6. Ownership	7. Natu	re of		
Security	(Month/Day/Y		Image: Second state state TransactionAcquired (A) or Code Disposed of (D) (Day/Year) (Instr. 2, 4 and 5)							Form: Direct	Indirect		
(Instr. 3)		any (Month)							Beneficially Owned	(D) or Indirect (I)	Benefic Owners		
(Monu			/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					5)	Following	(Instr. 4) (Instr			
							(Λ)		Reported		[×]		
							(A) or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	12/31/2004			J		0	A	\$0	0	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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Bruce Leeds 2005 Irrevocable Trust C/O SYSTEMAX INC. 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050		х						
Signatures								
/s/ Robert Leeds, Trustee by Curt Rush Attorney-in-fact	h,		03/17/2006					
<u>**</u> Signature of Reporting Person			1	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).

Remarks:

The transaction that occurred on December 31, 2004 where the Bruce Leeds 2005 Irrevocable Trust acquired 6,654,941 shares

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.