Edgar Filing: HEIDEN DAVID - Form 4

HEIDEN DAVI	D										
Form 4											
January 31, 2003	5										
FORM 4	1								OMB AF	PROVAL	
	UNITE	CD STATE	ES SECURITI Washing	ES AND gton, D.C			E CO	MMISSION	OMB Number:	3235-0287	
Check this bo if no longer									Expires:	January 31,	
subject to	STAT	EMENT (ANGES IN BENEFICIAL OWNE				ERSHIP OF	Estimated average		
Section 16.		SECURITIES						burden hours per			
Form 4 or Form 5	Filed	numericant to	Section 16(a)	of the Se	aunitiaal	Erch		λ at af 1024	response	0.5	
obligations		•	e Section 16(a) Public Utility				•				
may continue	•		n) of the Invest	•	-	•					
See Instructio 1(b).	'n	50(1	i) of the invest		iipuiiy 71		1740				
(Print or Type Resp	onses)										
1. Name and Address of Reporting Person <u>*</u> HEIDEN DAVID				2. Isouer France and Frener of Fraung				5. Relationship of Reporting Person(s) to Issuer			
			BRT REAL	TY TRUS	ST IBRT	רז					
(Last)	(First)	(Middle)	3. Date of Earli		-	1		(Check	all applicable)	
(Eust)	(11150)	(initiality)	(Month/Day/Y					Director	10%	Owner	
60 CUTTER M	ILL ROAI	D, SUITE	01/31/2005)				X_{1} Officer (give t		er (specify	
303							be	elow) VICE	below) PRESIDENT		
	(Street)		4. If Amendme	ent, Date Or	iginal		6.	Individual or Joi	nt/Group Filin	g(Check	
				Filed(Month/Day/Year)				Applicable Line)			
							_2	K_Form filed by On			
GREAT NECK	, NY 1102	.1					Pe	_ Form filed by Mo erson	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - N	Non-Deriva	ative Secu	rities .	Acquir	ed, Disposed of,	or Beneficial	ly Owned	
1.Title of Security		tion Date 2A		3.	4. Securi			5. Amount of	6.	7. Nature of	
(Instr. 3)	(Month/Da	•	xecution Date, if	Transactio				Securities	Ownership	Indirect	
		an (N	Iy Month/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3.			Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		, , , , , , , , , , , , , , , , , , ,		((- /	Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				a		or		(Instr. 3 and 4)	(Instr. 4)		
SHARES OF				Code V	Amount	(D)	Price	. ,			
BENEFICIAL	01/31/20	005		А	900	А	\$0	48,650 (1)	D		
INTEREST	01/01/20	.05		11	200	11	ψυ	10,000 <u>~</u>	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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nun of Shar
EMPLOYEE STOCK OPT. - (RIGHT TO BUY)	\$ 10.45					12/10/2002	12/09/2011	SHARES OF BENEFICIAL INTEREST	1,2
EMPLOYEE STOCK OPT. - (RIGHT TO BUY)	\$ 7.75					12/13/2002	12/12/2010	SHARES OF BENEFICIAL INTEREST	2,5

Reporting Owners

Reporting Owner Name / Address		Relationships						
				Officer	Other			
HEIDEN DAVID 60 CUTTER MILL ROAD, GREAT NECK, NY 11021	SUITE 303			VICE PRESIDENT				
Signatures								
David Heiden	01/31/2005							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** 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 900 shares were awarded to reporting person under the 2003 Incentive Plan. The shares vest January 30, 2010. The award is exempt from Section 16(b) under Rule 16(b)-3.

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.

**Signature of

Reporting Person