

Edgar Filing: CUMMINGS BEVERLY A - Form 4

CUMMINGS BEVERLY A

Form 4

August 06, 2001

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FORM 4

OMB APPROVAL

[ ] CHECK THIS BOX IF NO LONGER SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1(b).

OMB Number: 3235-0287  
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935  
or Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

|  |         |          |  |  |  |
|--|---------|----------|--|--|--|
| 1. Name and Address of Reporting Person* |         |          | 2. Issuer Name and Ticker or Trading Symbol                                |  | 6.   |
| Cummings                                 | Beverly | A.       | PrimeEnergy Corporation PNRG   |  | t  |
| (Last)                                   | (First) | (Middle) |  |  |  |
| One Landmark Square                      |         |          | 3. IRS Identification Number of Reporting Person, if an entity (voluntary) |  |  |
| (Street)                                 |         |          | 061-46-1200  |  |  |
| Stamford, CT                             |         |          | 06901  |  | 5. If Amendment, Date of Original (Month/Year) |
| (City)                                   | (State) | (Zip)    |  |  | N/A  |
|  |         |          |  |  | 7.   |

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DIS

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities B... (Instr. 3) |
|---------------------------------|--------------------------------------|--------------------------------|---|---|
|                                 |                                      | Code                           | V Amount (A) or Price (D)   |   |
| Common Stock, \$0.10 par value  | 7/16/01                              | X                              | 30,000 (A) \$1.50   | 30,000                                  |

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  
 \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

POTENTIAL PERSONS WHO ARE TO RESPOND TO THIS FORM ARE NOT REQUIRED TO OBTAIN A CURRENTLY VALID OMB CONTROL NUMBER.

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FORM 4 (CONTINUED)

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) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Date of Exercise (Month/Day/Year) | 8. Expiration Date (Month/Day/Year) |
|--|--|--------------------------------------|--------------------------------|---|--|--------------------------------------|-------------------------------------|
| Purchase Option                            | \$1.50   | 7/16/01                              | X                              | 30,000  |  |                                      |                                     |
| Purchase Option                            | \$1.00   | --                                   | no change                      | --  | (1)  | (1)                                  | (1)                                 |
| Purchase Option                            | \$1.25   | --                                   | no change                      | --  | (1)  | (1)                                  | (1)                                 |

  

| 9. Number of Derivative Securities | 10. Ownership Form of Derivative | 11. Nature of Indirect Beneficial |
|------------------------------------|----------------------------------|-----------------------------------|
|                                    |                                  |                                   |

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| Beneficially<br>Owned at End<br>of Month<br>(Instr. 4) | Security:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 4) | Ownership<br>(Instr. 4) |
|--|--|-------------------------|
|--|--|-------------------------|

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-0-

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52,500 (D)

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17,500 (D)  
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Explanation of Responses:

(1) All options are full exercisable and are non-expiring during employment but must be exercised three months after termination of employment, or within one year if termination occurs by reason of disability.

\*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations. -----  
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Be  
Be  
\*\*Sign

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.