## Edgar Filing: Nuance Communications, Inc. - Form 4

Nuance Communications, Inc. Form 4 November 07, 2008

November 0	7, 2008										
FORM	14								OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			GE CO	OMMISSION	OMB Number:	3235-0287	
if no lon; subject to Section 1 Form 4 c Form 5 obligatio may con	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: Estimated a burden hour response	January 31, 2005 ted average hours per		
(Print or Type ]	Responses)										
CHAMBERS STEVEN G Syn Nu			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Nuance Communications, Inc.				5. Relationship of Reporting Person(s) to Issuer			
			[NUAN]				(Check all applicable)				
(Last) ONE WAY	(First) (M SIDE ROAD	/liddle)	3. Date of (Month/D) 11/05/20	-	ansaction			Director X Officer (give below) President		Owner r (specify sion	
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BURLING	FON, MA 01803							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	)erivative S	Securiti	ies Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		n Date, if	ate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	11/05/2000			Code V	Amount 50,000	(D)	Price \$	(Insu: 5 and 4)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

А

А

(1)

(2)

50,000

11/05/2008

11/05/2008

Stock

Stock

Common

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.

555,398

605,398

А

А

0.001

0.001

\$

D

D

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
CHAMBERS STEVEN G ONE WAYSIDE ROAD BURLINGTON, MA 01803			President Mobility Division					
Signatures								
By: /s/ Donna Belanger For: Sto Chambers	even		11/07/2008					
**Signature of Reporting Person	n		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) These shares were issued pursuant to a restricted stock unit agreement with the Company and will only vest upon the achievement of performance targets.
- (2) These shares were issued pursuant to a Restricted Stock Unit Agreement with the Company. Shares will vest 50% one year from the date of grant and 50% two years from 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.