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| ADTRAN INC Form 4 | | | | | | | | | |
|--|-------------------------------------|--|--|--|--------------------------|--|--|------------------|--------------------------|
| November 06, | Л | | | | | | | | PPROVAL |
| FORM | UNITED | STATES | | RITIES A | | | E COMMISSION | N OMB Number: | 3235-0287 |
| Check this l if no longer subject to Section 16. Form 4 or | AENT OF | F CHAN | NGES IN SECUI | Estimated burden hou | urs per | | | | |
| Form 5 obligations may continu See Instruct 1(b). | ue. Section 17(| a) of the I | Public U | tility Hol | ding Co | | nge Act of 1934, of 1935 or Section 940 | response | . 0.5 |
| (Print or Type Res | sponses) | | | | | | | | |
| 1. Name and Add STANTON T | lress of Reporting HOMAS R | Person [*] | Symbol | er Name an AN INC [| | Trading | 5. Relationship o Issuer | | |
| (Last) 901 EXPLOR | | Middle) 3. Date of Earliest Tran (Month/Day/Year) 11/02/2006 | | | ransaction | | (Check all applicable) <u> </u> | | |
| (Street) HUNTSVILLE, AL 35806 | | | 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 Form filed by More than One Reporting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | Securities A | Person | of. or Beneficia | llv Owned |
| | Transaction Date Ionth/Day/Year) | | ed Date, if | 3. Transactio Code (Instr. 8) | 4. Securit | ties (A) or of (D) | 5. Amount of Securities Beneficially Owned | | 7. Nature of Indirect |
| Reminder: Report | t on a separate line | e for each cla | ass of sec | | Amount ficially ow | | · · · · | | |
| | | | | | Perso inforr requi | ons who re nation con red to resp ays a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amou |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|-------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Expiration Date | Underlying Secur |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
|---|------------------------------------|------------|------------------|------------|--|---------------------|--------------------|-----------------|------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Am or Nu of S |
| Incentive Stock Option (right to buy) | \$ 22.53 | 11/02/2006 | | А | 4,439 | 11/02/2007 | 11/02/2016 | Common Stock | 4, |
| Non-Qualified Stock Option (right to buy) | \$ 22.53 | 11/02/2006 | | А | 45,561 | 11/02/2007 | 11/02/2016 | Common Stock | 45 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| STANTON THOMAS R 901 EXPLORER BLVD. HUNTSVILLE, AL 35806 | | | Chief Executive Officer | | | |
| Signatures | | | | | | |
| | | | | | | |

| By: Cathy Bartels For: Thomas R. Stanton | 11/06/2006 | | |
|---|------------|--|--|
| **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).

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.