Edgar Filing: MCANDREW MICHAEL - Form 4

MCANDRE	W MICHAEL										
Form 4	_										
May 13, 201	0										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	APPROVAL		
	UNITE	J SIAIES		hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31	
if no long subject to		MENT O	F CHAN	GES IN BENEFICIAL OWNERS				NERSHIP OF		2005 2005	
Section 16. Form 4 or				SECURITIES				Estimated average burden hours per response 0.			
Form 5		ursuant to	Section 16	6(a) of the	e Securiti	ies E	xchang	ge Act of 1934,	response	0.0	
obligation	ns Section 1'						-	f 1935 or Sectio	n		
may cont See Instru	inue.		of the Inv	•	•	- ·					
1(b).											
а. — т											
(Print or Type F	Responses)										
1. Name and A	ddress of Reportin	g Person *	2 Issuer	Name and	Ticker or '	Tradir	a	5. Relationship of	f Reporting Per	son(s) to	
MCANDREW MICHAEL Symbol				r Name and Ticker or Trading				Issuer			
				X BOX CORP [BBOX]							
(Last)	(First)	(Middle)		Earliest Tra	-	-		(Cheo	ck all applicable	e)	
(Eust)	(THOU)	(initiatic)	(Month/Da		ansaction			Director	109	6 Owner	
1000 PARK DRIVE 05/11/20			-				\underline{X} Officer (give title \underline{X} Other (specify				
								below) Exec VP, 0	below) CFO, Sec'y and	Treas.	
(Street) 4. If A			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				nth/Day/Year)				Applicable Line)			
								_X_Form filed by Form filed by	One Reporting Po More than One Ro		
LAWRENC	E, PA 15055							Person	wore than one to	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction D	ate 2A. Dec	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	ar) Executi any	on Date, if	TransactionAcquired (A) or						Indirect	
(Instr. 3)		CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership		
		(1.101111	(2 u), 1 cui)	(1115111-0)	(11154170)	. und	2)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(
Common Stock,					8,000		\$0				
\$.001 par	05/11/2010			А	8,000 (1)	А	\$U (1)	12,001	D		
value					_		_				

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.

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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. Transactio Code (Instr. 8)	5. onNumber 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 Secur Bene Owne 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						
	Director	10% Owner	Officer	Other			
MCANDREW MICHAEL 1000 PARK DRIVE LAWRENCE, PA 15055			Exec VP, CFO, Sec'y and Treas.				
Signatures							
/s/ Michael							

McAndrew 05/12/2010 **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).

Grant of restricted stock units under the Black Box Corporation 2008 Long-Term Incentive Plan. 1/3 of the restricted stock units vest on (1)the 1st anniversary of the date of grant, 1/3 on the 2nd anniversary of the date of grant and 1/3 on the 3rd anniversary of the 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.