Jacobson Lisa Robin Form 4 May 12, 2005

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB agas

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**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Form 4 or
Form 5
obligations
may continue.

See Instruction

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Jacobson Lisa Robin Issuer Symbol CANGLOBE INTERNATIONAL (Check all applicable) INC [cglo] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Officer (give title \_\_X\_ Other (specify (Month/Day/Year) below) below) 9 REGAL WAY 05/10/2005 Office Administrator (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

#### SHERWOOD PARK, A0 T8A 5N1

| (City)                               | (State) (                               | Zip) Table  | e I - Non-D                             | erivative S   | ecuriti          | ies Acq    | uired, Disposed o                                   | f, or Beneficial                                       | ly Owned                            |
|--------------------------------------|---|---|---|---|------------------|------------|---|--|-------------------------------------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) |                  |            | 5. Amount of<br>Securities<br>Beneficially<br>Owned | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I) | Indirect<br>Beneficial<br>Ownership |
|                                      |   |   | Code V                                  | Amount  | (A)<br>or<br>(D) | Price      | Following Reported Transaction(s) (Instr. 3 and 4)  | (Instr. 4)   | (Instr. 4)                          |
| Common<br>Shares                     | 05/10/2005                              |   | P                                       | 15,500  | A                | \$<br>0.51 | 635,500   | 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.

SEC 1474

(9-02)

\_X\_ Form filed by One Reporting Person \_\_\_\_ Form filed by More than One Reporting

Person

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Jacobson Lisa Robin - Form 4

| 1. Title of           | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc   |                  | 7. Title  |            | 8. Price of | 9. Nu  |
|-----------------------|-------------|---------------------|--------------------|------------|------------|-----------------|------------------|-----------|------------|-------------|--------|
| Derivative Conversion |             | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber   | Expiration Date |                  | Amount of | Derivative | Deriv       |        |
| Security              | or Exercise |                     | any                | Code       | of         | (Month/Day/     | Year)            | Underl    | ying       | Security    | Secui  |
| (Instr. 3)            | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e               |                  | Securit   | ies        | (Instr. 5)  | Bene   |
|                       | Derivative  |                     |                    |            | Securities |                 | (Instr. 3 and 4) |           | Owne       |             |        |
|                       | Security    |                     |                    |            | Acquired   |                 |                  |           |            | Follo       |        |
|                       | ·           |                     |                    |            | (A) or     |                 |                  |           |            |             | Repo   |
|                       |             |                     |                    |            | Disposed   |                 |                  |           |            |             | Trans  |
|                       |             |                     |                    |            | of (D)     |                 |                  |           |            |             | (Instr |
|                       |             |                     |                    |            | (Instr. 3, |                 |                  |           |            |             |        |
|                       |             |                     |                    |            | 4, and 5)  |                 |                  |           |            |             |        |
|                       |             |                     |                    |            | , )        |                 |                  |           |            |             |        |
|                       |             |                     |                    |            |            |                 |                  |           | Amount     |             |        |
|                       |             |                     |                    |            |            | Date            | Expiration       |           | or         |             |        |
|                       |             |                     |                    |            |            | Exercisable     | Date             | Title Nu  | Number     |             |        |
|                       |             |                     |                    |            |            |                 |                  |           | of         |             |        |
|                       |             |                     |                    | Code V     | (A) (D)    |                 |                  |           | Shares     |             |        |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Jacobson Lisa Robin 9 REGAL WAY SHERWOOD PARK, A0 T8A 5N1

Office Administrator

# **Signatures**

Lisa Jacobson 05/12/2005

\*\*Signature of 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.

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