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INGERSOL Form 4 March 08, 2 FORM Check th if no lon subject t Section Form 4 of Form 5 obligation may com See Instri 1(b).	A 4 UNITED ST his box ger o STATEME 5 5 5 5 5 5 5 5 5 5 5 5 5	NT OF ant to Se	Was CHAN ction 1 ıblic Ut	GES IN SECUR	D.C. 209 BENEFI ITIES e Securiti ling Com	549 [CIA] ies E: ipany	L OWN xchange Act of	OMMISSION NERSHIP OF Act of 1934, 1935 or Sectior 0	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type	Responses)										
1. Name and A MCLEVIS	r Name and Ticker or Trading SOLL RAND CO LTD [IR]				5. Relationship of Reporting Person(s) to Issuer						
(Last) (First) (Middle) 3. Date			. Date of Month/D	of Earliest Transaction Day/Year)				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Senior Vice President and CFO			
				endment, Date Original nth/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 			
MONTVA	LE, NJ 07645							Person	ore than One Rej	porting	
(City)	(State) (Zij	p)	Tabl	e I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of,	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)			Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti on(A) or Dis (Instr. 3, 4)	sposed	of (D)	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)	
Class A Common Shares	03/07/2007			М	50,000	A	\$ 19.53	50,000	D		
Class A Common Shares	03/07/2007			S	50,000	D	\$ 43.64	0	D		
Class A Common Shares	03/07/2007			М	50,000	A	\$ 24.49	50,000	D		
Class A	03/07/2007			S	50,000	D	\$	0	D		

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Common Shares	43.67		
Class A Common Shares (1)	1,134.18	Ι	By Plan Trustee

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.

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. 5. Number of Transactio-Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 19.53	03/07/2007		М	50,000	(2)	02/04/2013	Class A Common Shares	50,000	
Stock Option (right to buy)	\$ 24.49	03/07/2007		М	50,000	<u>(3)</u>	04/30/2012	Class A Common Shares	50,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCLEVISH TIMOTHY R							
C/O INGERSOLL-RAND COMPANY			Senier Vice President and CEO				
155 CHESTNUT RIDGE ROAD			Senior Vice President and CFO				
MONTVALE, NJ 07645							

8 E S ()

Signatures

By:/s/Barbara A. Santoro -Attorney-in-Fact

03/07/2007

**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).
- (1) Latest available information provided by the trustee of the Ingersoll-Rand Employee Savings Plan and the Ingersoll-Rand Company Leveraged Employee Stock Ownership Plan.
- When granted, the options were to vest in three equal annual installments beginning one year after the date of grant. On December 31, 2005, all outstanding options became vested.
- (3) The option vested in three equal annual installments on the first, second and third anniversaries 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.