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ACTON EL	IZABETH S											
Form 4												
April 20, 20	07											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
	Check this box									Expires:	January 31,	
if no lon subject t		IENT OF (CHAN	GES IN BENEFICIAL OWNER					VERSHIP OF		2005	
Section 16. SECURITIES								Estimated average burden hours per				
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Form 5 obligatio								-	e Act of 1934,			
may con				•		•			1935 or Section	1		
<i>See</i> Instr 1(b).	ruction	30(h) of	the Inv	/estm	ent	Compan	y Act	01 194	0			
(Print or Type	Responses)											
ACTON ELIZABETH S Symbol				r Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
				IERICA INC /NEW/ [CMA]					(Check all applicable)			
				of Earliest Transaction					Director	100/	Owner	
500 WOOF	WARD AVE., 31		Month/Da 4/19/20	•	r)				Director X Officer (give		er (specify	
FLOOR	, , , , , , , , , , , , , , , , , , ,	.51 0	7/1//20	101					below)	below)	0	
										7. Pres. and CF		
Filed(Mon				endment, Date Original					6. Individual or Joint/Group Filing(Check			
				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
DETROIT,	MI 48226								Person			
(City)	(State)	(Zip)	Table	e I - No	on-D	erivative	Securi	ties Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	n Date, if Transact Code			4. Securit n(A) or Di (Instr. 3, -	sposed	of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	04/19/2007			M	,	20,000	A A	\$ 40.32	73,162 <u>(1)</u>	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.

 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)	orDeriv Secur Acqu or Dis (D)	rities ired (A) sposed of : 3, 4,	6. Date Exercisab Expiration Date (Month/Day/Year	7. Title and Amount Underlying Securitie (Instr. 3 and 4)		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 62.02						04/15/2002 <u>(2)</u>	04/13/2012	Common Stock	30,0
Employee Stock Option (Right to Buy)	\$ 40.32	04/19/2007		М		20,000	01/27/2004(2)	04/17/2013	Common Stock	20,0
Employee Stock Option (Right to Buy)	\$ 52.5						01/26/2005 <u>(2)</u>	04/16/2014	Common Stock	45,0
Employee Stock Option (Right to Buy)	\$ 54.99						01/25/2006(2)	04/21/2015	Common Stock	45,0
Employee Stock Option (Right to Buy)	\$ 56.47						01/24/2007(2)	02/15/2016	Common Stock	32,0
Employee Stock Option (Right to Buy)	\$ 58.98						01/23/2008 <u>(2)</u>	01/23/2017	Common Stock	32,0

Reporting Owners

Reporting Owner Name / Address	
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Relationships

Other

ACTON ELIZABETH S 500 WOODWARD AVE. 31ST FLOOR DETROIT, MI 48226

Signatures

/s/ Nicole V. Gersch on behalf of Elizabeth S. Acton

04/20/2007

Exec. V. Pres. and CFO

**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) Includes shares acquired through employee stock plans, shares purchased with reinvested dividends and stock units held pursuant to a deferred compensation plan as of April 19, 2007.
- (2) The options vest in four equal annual installments beginning on the date indicated in this column.

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.