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LEEDS RO Form 4 January 11, FORM Check th if no lon subject to Section Form 4 Form 5 obligation may com <i>See</i> Instu 1(b).	2005 A 4 UNITED STATE united pursuant to Section 17(a) of the 2005	Washingto DF CHANGES II SECU 9 Section 16(a) of	n, D.C. 2054 N BENEFIC JRITIES the Securities olding Compa	9 IAL O' Excha any Act	WNERSHIP OF nge Act of 1934, of 1935 or Section	OMB Number: Expires: Estimated a burden hou response	•
(Print or Type	Responses)						
1. Name and A LEEDS RC	Address of Reporting Person <u>*</u> DBERT	2. Issuer Name a Symbol SYSTEMAX I		ıding	5. Relationship of Issuer		
	(First) (Middle) EMAX INC., 11 PARK DRIVE	3. Date of Earliest (Month/Day/Year) 12/31/2004	Transaction		X Director X Officer (give below)		Owner er (specify
PORT WA	(Street) SHINGTON, NY 11050	4. If Amendment, Filed(Month/Day/Ye	-		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	rson
(City)	(State) (Zip)	Table I - Non	-Derivative Sec	urities A	cquired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	any		tionor Disposed of (Instr. 3, 4 and	of (D)	 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)
Common		Code			Price	_	
Stock	12/31/2004	G	6,654,943	D	<u>1)</u> 0	D	
Common Stock	12/31/2004	G	6,654,943	A	<u>1)</u> 6,654,943	Ι	See footnote (1)
Common Stock	12/31/2004	G	6,654,941	A	<u>2)</u> 8,120,453	Ι	See footnote (3)
Common Stock					494,800	Ι	See footnote (4)

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Common			See
	269,149	T	footnote
Stock	209,149	1	
			(5)

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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						
i g	Director	10% Owner	Officer	Other			
LEEDS ROBERT C/O SYSTEMAX INC. 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	Х		V. Chmn & Pres. of Dom. Op.				
Signatures							
/s/ Robert Allan Leeds by Curt Rush Attorney-in-Fact	1,		01/10/2005				
** 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) Consists of shares transferred from the reporting person to an irrevocable trust for the benefit of the reporting person.

(2) Consists of shares transferred from the brother of the reporting person to an irrevocable trust for which the reporting person acts as trustee. The reporting person disclaims beneficial ownership of such shares exept to the extent of his pecuniary interest therein.

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- (3) Owned by trusts for the benefit of various members of the reproting person's family for which the reporting person acts as trustee or co-trustee. Mr. Leeds disclaims beneficial ownership of such shares except to the extent of his pecuniary interest therein.
- (4) Owned by a limited partnership in which the reporting person has an indirect pecuniary interest.
- (5) Owned by a trust in which the reporting person, as grantor, retains an annuity interest.

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.