Edgar Filing: HAGAN CHRISTINA W - Form 4

HAGAN CHRIS	STINA W											
Form 4	0											
October 05, 200												
FORM 4		FD STATI	ES SECURITIES AND EXCHANGE CO				сому	IISSION	OMB APP	ROVAL		
	UIIII	ed stati		Washington, D.C. 20549					OMB Number:	3235-0287		
Check this bo	X		() (()	, 2101						January 31,		
if no longer subject to	STAT	EMENT	OF CHANGES I	OF CHANGES IN BENEFICIAL OW				HIP OF		2005		
Section 16.			SEC	SECURITIES					Estimated average burden hours per			
Form 4 or								response 0.5				
Form 5 obligations		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
may continue	Section		e Public Utility H	•	- ·			or Section				
See Instructio	n	30(1	n) of the Investme	ent Comp	any Act	of 19	940					
1(b).												
(Print or Type Resp	onses)											
1. Name and Addre	oss of Penor	ting Derson *	2 I N	1			5 Dela	tionship of E	Paparting Darsor	$\mathbf{v}(\mathbf{s})$ to		
HAGAN CHRI	-	-	2. Issuer Name and Ticker or Trading				Issuer	auonsnip or r	Reporting Person(s) to			
			Symbol DAWSON GEOPHYSICAL CO									
			[DWSN]			(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earlies	t Transactio	on]	Director	10% O	wner		
508 W. WALL SUITE 800			(Month/Day/Year)			_X_Officer (give titleOther (specify						
			10/04/2009				below) below) Executive Vice President/CFO					
(Street) MIDLAND, TX 79701			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check						
			Filed(Month/Day/Year)				Applicable Line)					
							_X_Form filed by One Reporting Person Form filed by More than One Reporting					
			Person						ore than one reporting			
(City)	(State)	(Zip)	Table I - No	n-Derivati	ve Securit	ies Ac	quired, l	Disposed of,	or Beneficially	Owned		
1.Title of Security	2. Trar	saction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount	of 6.	7. Nature		
(Instr. 3)	(Month	n/Day/Year)	Execution Date, if	Transaction(A) or Disposed				Securities	Ownership			
			any Code (Instr. 3, 4 and (Month/Day/Year) (Instr. 8)			5)	Beneficially Owned	y Form: Direct (D)	Beneficial Ownership			
			(montal Day, real)	(111541:0)				Following	or Indirect			
						(A)		Reported	(I)			
						or		Transaction (Instr. 3 and				
DWCN				Code V	Amount	(D)	Price	(mour. 5 and				
DWSN-Commo							¢					
Stock, par value \$0.33 1/3 per	10/04	/2009		F	4,500	D	۵ 25.99	43,399	D			
share							23.77					

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	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 / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
HAGAN CHRISTINA W 508 W. WALL SUITE 800 MIDLAND, TX 79701			Executive Vice President/CFO					
Signatures								
Christina W. Hagan	10/05/2009							

**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).

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.