Edgar Filing: GENDRON THOMAS A - Form 4

| GENDRON THO | MAS A | | | | | | | | | | |
|---|---|--------------------|---------------------------------|--|-------------|---|------------------|--|--|--------------|--|
| Form 4 | 1 | | | | | | | | | | |
| February 10, 2011 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20540 | | | | | | | OMB | PROVAL 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Washington, D.C. 20549Number:Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires:JanSTATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16.Estimated average burden hours per responseEstimated average burden hours per responseForm 4 or Form 5 obligations may continue. See InstructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Section 17(a) of the Public Utility Holding Company Act of 1940 | | | | | | | | | | |
| (Print or Type Respon | nses) | | | | | | | | | | |
| GENDRON THOMAS A Symb | | | Symbol | 2. Issuer Name and Ticker or Trading ymbol IEXCEL CORP /DE/ [HXL] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| | | | (Month/Da 02/09/20 | /Day/Year)X_ Director /2011Officer (giv below) | | | | | e title 10% Owner Other (specify below) | | |
| (; | Filed(Month/Day/Year) A | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| STAMFORD, CT 06901 Form filed by M Person | | | | | | | Iore than One Re | porting | | | |
| (City) (| State) | (Zip) | Table | e I - Non-De | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| Security (Mo (Instr. 3) | ransaction Da | r) Executio any | | 3. Transaction Code (Instr. 8) Code V | 4. Securiti | es Ac | quired of | 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 | |
| Common 02/ Stock | 09/2011 | | | Р | 10,000 | А | \$ 20 | 10,000 | 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)

Reporting Owners

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| 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. Transact Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|--|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|---|----------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| GENDRON THOMAS A C/O HEXCEL CORPORATION 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901 | Х | | | |
| Signatures | | | | |
| /s/ Thomas A. Gendron, by Adam P. Go Attorney-in-fact | old | | 02/10/ | 2011 |
| ** Signature of Reporting Person | | | Da | ate |
| Explanation of Respon | ses: | | | |

* 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.