Edgar Filing: CROWE KEVIN E - Form 4

CDOWE VEVIN

| Form 4 | VIN E | | | | | | | | | | |
|--|--|---|---|------------|-----------------|--|--|--|---|------------------------|--|
| January 05, 20 | 011 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | T | OMB APPROVAL | | |
| | UNITE | | SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 | er STATI | | | | | | | Expires: January 3 200 Estimated average burden hours per response 0 | | | |
| obligation: may contin <i>See</i> Instruct 1(b). | s Section 1 | Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> CROWE KEVIN E | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | QUALITY DISTRIBUTION INC [QLTY] | | | | | (Check all applicable) | | | |
| | ^(First) Ο MANAGEI Γ 57TH STRE | | 3. Date of (Month/Da 01/03/20 | - | ansaction | | | X Director Officer (give below) | | 6 Owner er (specify | |
| | (Street) 4. If Amendment, Date C Filed(Month/Day/Year) | | | | - | Applicable Line) | | | oint/Group Filing(Check One Reporting Person | | |
| NEW YORK | , NY 10019 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| Common Stock | 01/03/2011 | | | A A | Amount 4,352 | (D) A | Price \$ 0 | 14,155 | 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)

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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. Transactic Code (Instr. 8) | 5. ofNumber 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 Secu 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 | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| CROWE KEVIN E C/O APOLLO MANAGEMENT, L.P. 9 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Jonathan C. Gold, by power of attorney | 01/ | 05/2011 | | | | | |
| <u>**</u> 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).

Remarks:

Mr. Crowe is associated with Apollo Management, L.P. ("Management") and its affiliated investment managers. Management

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.