GLENAYRE TECHNOLOGIES INC

Form 4 May 18, 2005

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

2005

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January 31, Expires:

OMB APPROVAL

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SECURITIES

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * **GILSON PETER W**

(First)

(State)

2. Issuer Name and Ticker or Trading

Issuer

below)

Symbol

GLENAYRE TECHNOLOGIES INC [GEMS]

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Middle)

(Zip)

3. Date of Earliest Transaction

X_ Director 10% Owner Officer (give title Other (specify

(Month/Day/Year) 05/17/2005

C/O PHYSICIAN SUPPORT SYSTEMS INC, P O BOX 127

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

LANDISVILLE, PA 17538

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially (D) or Owned Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership Indirect (I) (Instr. 4)

Reported (A) Transaction(s) or

(Instr. 3 and 4)

Code V Amount Price (D)

Common 05/17/2005 Stock

\$0 M 1.299 Α 6,219 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Transacti Code (Instr. 8)	5. Numb orDerivati Securitie Acquired Disposed (Instr. 3,	ve es d (A) or d of (D)	Expiration Dat	Date Exercisable and privation Date Ionth/Day/Year)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Restricted Stock Unit	\$ 0	05/17/2005		M	3,285		05/17/2005	<u>(1)</u>	Restriced Stock Unit
Restricted Stock Unit	\$ 0	05/17/2005		M		1,299	05/17/2005	<u>(1)</u>	Restricted Stock Unit
Non-Qualified Stock Option (right to buy)	\$ 1.02						04/17/2003	04/17/2013	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 9						04/18/1997	04/18/2007	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 11.5						04/18/2000	04/18/2010	Common Stock

Reporting Owners

Reporting Owner Name / Address		Relationships	ips	
	Director	10% Owner	Officer	Other
GILSON PETER W C/O PHYSICIAN SUPPORT SYSTEMS INC P O BOX 127 LANDISVILLE, PA 17538	X			

Signatures

By: Arlen Anderson For: Peter W.
Gilson
05/18/2005

**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) These restricted stock units are payable in common stock as follows: one-third of the units are payable each year from the original grant date.

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.

Reporting Owners 2