#### Edgar Filing: ALLEGHENY TECHNOLOGIES INC - Form 4

#### ALLEGHENY TECHNOLOGIES INC

Form 4

January 05, 2005

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* CREEL DIANE C

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

ALLEGHENY TECHNOLOGIES INC [ATI]

(Check all applicable)

**OMB APPROVAL** 

Expires:

3235-0287

January 31,

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 01/03/2005

X\_ Director 10% Owner Officer (give title Other (specify below)

ECOVATION, EASTGATE SQUARE, 50 SQUARE DRIVE, **SUITE 200** 

(Street)

(State)

(City)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

VICTOR, NY 14564

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if (Month/Day/Year)

(Zip)

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

5. Amount of 7. Nature of Indirect Securities Ownership Beneficially Form: Direct Beneficial Owned (D) or Ownership Indirect (I) Following (Instr. 4) Reported (Instr. 4)

(A) Code V Amount (D)

Transaction(s) (Instr. 3 and 4)

Common

value

Stock, 01/03/2005 \$0.10 par

947 A

4.813

Price

D

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

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(9-02)

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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 | 2.          | 3. Transaction Date |                    | 4.                | 5.                     | 6. Date Exer        |                    | 7. Title a |        | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-------------------|------------------------|---------------------|--------------------|------------|--------|-------------|-------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |                        | Expiration D        |                    |            |        | Derivative  | Deriv |
| Security    | or Exercise |                     | any                | Code              | of                     | (Month/Day/         | Year)              | Underly    | _      | Security    | Secui |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivative             | e                   |                    | Securitie  | es     | (Instr. 5)  | Bene  |
|             | Derivative  |                     |                    |                   | Securities<br>Acquired |                     |                    | (Instr. 3  | and 4) |             | Own   |
|             | Security    |                     |                    |                   |                        |                     |                    |            |        |             | Follo |
|             | ,           |                     |                    |                   | (A) or                 |                     |                    |            |        |             | Repo  |
|             | Disposed    |                     |                    |                   |                        |                     |                    |            | Trans  |             |       |
|             |             | of (D) (Instr. 3,   |                    |                   |                        |                     |                    |            |        | (Instr      |       |
|             |             |                     |                    |                   |                        |                     |                    |            |        | (IIISti     |       |
|             |             |                     |                    |                   | 4, and 5)              |                     |                    |            |        |             |       |
|             |             |                     |                    |                   | 4, and 3)              |                     |                    |            |        |             |       |
|             |             |                     |                    |                   |                        |                     |                    | A          | mount  |             |       |
|             |             |                     |                    |                   |                        | Date<br>Exercisable | Expiration<br>Date | OI         | r      |             |       |
|             |             |                     |                    |                   |                        |                     |                    | Title N    | umber  |             |       |
|             |             |                     |                    |                   |                        |                     |                    | 01         |        |             |       |
|             |             |                     |                    | Code V            | (A) (D)                |                     |                    |            | hares  |             |       |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CREEL DIANE C ECOVATION, EASTGATE SQUARE 50 SQUARE DRIVE, SUITE 200 VICTOR, NY 14564

X

### **Signatures**

Diane C. Creel 01/05/2005

\*\*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).

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