Edgar Filing: LACLEDE GROUP INC - Form 4

LACLEDE G	ROUP INC										
Form 4	2000										
November 06, 2008 OMB APPROVAL OMB APPROVAL OMB APPROVAL											
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: Estimated a burden hou response	irs per		
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
FALLERT JAMES A Symbol					Ficker or T		g	5. Relationship of Reporting Person(s) to Issuer			
(T i)			LACLEDE GROUP INC [LG]					(Check all applicable)			
			h/Day/Ye	of Earliest Transaction /Day/Year) /2008				Director 10% Owner X Officer (give title Other (specify below) Controller			
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
ST. LOUIS, MO 63101 — Form filed by More than One Reporting Person											
(City)	(State) (Zip) T	able I - N	lon-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any		Cod	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	11/05/2008		Cod A		Amount 1,500 (1)	or (D) A	Price \$ 0	(Instr. 3 and 4) 6,351	D		
Common Stock								3,283	Ι	Through 401(k) (2)	

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.

Edgar Filing: LACLEDE GROUP INC - Form 4

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

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
1	Director	10% Owner	Officer	Other					
FALLERT JAMES A									
720 OLIVE STREET			Controller						
ST. LOUIS, MO 63101									
Signatures									
James A. Fallert	11/06/2008								
<u>**</u> Signature of	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).

Award of 1,100 shares of performance contingent restricted stock with vesting contingent upon performance during performance period
 ending 9/30/2011 and 400 shares of restricted stock with vesting occuring on November 5, 2011, all shares awarded under the Company's 2006 Equity Incentive Plan and all shares include dividend and voting rights granted to the reporting person prior to vesting.

(2) Shares held in Company stock fund of 401(k) plan as reported by trustee as of October 31, 2008 and purchased through regular deferrals under the Plan.

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 Person