## Edgar Filing: SEAMONDS JUSTIN P - Form 4

| SEAMONDS   | S JUSTIN P                       |              |                       |                                      |            |   |                  |  |                          |                         |  |
|--|----------------------------------|--------------|-----------------------|--------------------------------------|------------|---|------------------|--|--------------------------|-------------------------|--|
| Form 4   |                                  |              |                       |                                      |            |   |                  |  |                          |                         |  |
| June 15, 200   | 6                                |              |                       |                                      |            |   |                  |  |                          |                         |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION                    |                                  |              |                       |                                      |            |   |                  |  |                          | PROVAL                  |  |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |                                  |              |                       |                                      |            |   |                  |  | OMB<br>Number:           | 3235-0287               |  |
| Check thi  |                                  |              |                       |                                      |            |   |                  |  | Expires:                 | January 31,             |  |
| if no long<br>subject to   |                                  | MENT OI      | F CHAN                | GES IN I                             | BENEF      | ICIA                                      | LOW              | NERSHIP OF                             | Estimated a              | 2005                    |  |
| Section 16.  |                                  |              |                       | SECURITIES                           |            |   |                  |  | burden hours per         |                         |  |
| Form 4 or  |                                  |              |                       |                                      |            |   |                  |  | response                 |                         |  |
| Form 5<br>obligation   | no *                             |              |                       |                                      |            |   | •                | e Act of 1934,                         |                          |                         |  |
| may cont   |                                  |              |                       | •                                    | •          | · ·                                       |                  | 1935 or Section                        | 1                        |                         |  |
| See Instru   |                                  | 30(h)        | of the In             | vestment                             | Compan     | iy Ac                                     | t of 194         | 0                                      |                          |                         |  |
| 1(b).  |                                  |              |                       |                                      |            |   |                  |  |                          |                         |  |
| (Print or Type R   | Responses)                       |              |                       |                                      |            |   |                  |  |                          |                         |  |
| (I fine of Type I  | (csponses)                       |              |                       |                                      |            |   |                  |  |                          |                         |  |
| 1. Name and A  | ddress of Reporting              | Person *     | 2 Issuer              | Name and                             | Ticker or  | Tradii                                    | וס               | 5. Relationship of                     | Reporting Person(s) to   |                         |  |
|  | S JUSTIN P                       | -            | Symbol                | er Name <b>and</b> Ticker or Trading |            |   |                  | Issuer                                 |                          |                         |  |
| HAVERT   |                                  |              |                       |                                      | NITURI     | E   |                  |  |                          |                         |  |
|  |                                  |              |                       | ANIES INC [HVT]                      |            |   |                  | (Check all applicable)                 |                          |                         |  |
| (Last)   | (First) (                        | (Middle)     | 3. Date of            | Earliest Tra                         | ansaction  |   |                  | Director                               | 10%                      | Owner                   |  |
|  |                                  |              | (Month/D              |                                      |            |   |                  | $\underline{X}$ Officer (give          |                          | er (specify             |  |
| 780 JOHNS  | ON FERRY RD                      | ., SUITE     | 06/15/2               | -                                    |            |   |                  | below)<br>Vice Presi                   | below)<br>dent and Contr | oller                   |  |
| 800  |                                  |              |                       |                                      |            |   |                  |  |                          |                         |  |
|  |                                  |              | ndment, Date Original |                                      |            | 6. Individual or Joint/Group Filing(Check |                  |  |                          |                         |  |
|  |                                  |              | onth/Day/Year)        |                                      |            |   | Applicable Line) |  |                          |                         |  |
|  | ~                                |              |                       |                                      |            |   |                  | _X_ Form filed by C<br>Form filed by M |                          |                         |  |
| ATLANTA,   | , GA 30342-                      |              |                       |                                      |            |   |                  | Person                                 |                          | porting                 |  |
| (City)   | (State)                          | (Zip)        | Tabl                  | e I - Non-D                          | erivative  | Secur                                     | ities Acq        | uired, Disposed of                     | , or Beneficial          | ly Owned                |  |
| 1.Title of   | 2. Transaction Dat               | e 2A. Deen   | ned                   | 3.                                   | 4. Securi  |   |                  | 5. Amount of                           | 6. Ownership             |                         |  |
| Security   | (Month/Day/Year) Execution Date, |              |                       | Transactio                           |            | -   |                  | Securities                             | Form: Direct             |                         |  |
| (Instr. 3) any<br>(Month/Day/  |                                  |              | )av/Year)             | Code<br>(Instr. 8)                   | (Instr. 3, | 4 and                                     | 5)               | Beneficially<br>Owned                  | (D) or<br>Indirect (I)   | Beneficial<br>Ownership |  |
|  |                                  | (infoliation | uj, i cui)            | (msu: o)                             |            |   |                  | Following                              | (Instr. 4)               | (Instr. 4)              |  |
|  |                                  |              |                       |                                      |            | (A)                                       |                  | Reported                               |                          |                         |  |
|  |                                  |              |                       |                                      |            | or  |                  | Transaction(s) (Instr. 3 and 4)        |                          |                         |  |
| ~  |                                  |              |                       | Code V                               | Amount     | (D)                                       | Price            | (msu. 5 and 4)                         |                          |                         |  |
| Common   | 06/15/2006                       |              |                       | S                                    | 341        | D   | \$               | 8,550                                  | D                        |                         |  |
| Stock  |                                  |              |                       |                                      |            |   | 15.73            |  |                          |                         |  |
|  |                                  |              |                       |                                      |            |   |                  |  |                          |                         |  |

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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | Expiration Dat<br>(Month/Day/Y | Date Exercisable and<br>xpiration Date7. Title and A<br>Underlying S<br>(Instr. 3 and 4)Month/Day/Year)(Instr. 3 and 4) |                 | Securities                             | 8. Prio<br>Deriv<br>Secur<br>(Instr. |
|---|---|---|---|--|---|--------------------------------|---|-----------------|--|--------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable            | Expiration<br>Date  | Title           | Amount<br>or<br>Number<br>of<br>Shares |                                      |
| Stock<br>Options<br>(Right to<br>buy)               | \$ 13.65  |   |   |  |   | 05/27/2003                     | 05/27/2013  | Common<br>Stock | 8,000                                  |                                      |
| Stock<br>Options<br>(Right to<br>buy)               | \$ 20.3   |   |   |  |   | 04/30/2005                     | 12/09/2010  | Common<br>Stock | 8,000                                  |                                      |

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## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                               |       |  |  |  |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
| 1   | Director      | 10% Owner | Officer                       | Other |  |  |  |
| SEAMONDS JUSTIN P<br>780 JOHNSON FERRY RD.<br>SUITE 800<br>ATLANTA, GA 30342- |               |           | Vice President and Controller |       |  |  |  |
| Signatures  |               |           |                               |       |  |  |  |
| Jenny H. Parker,<br>Attorney-in-Fact  | 06            | 5/15/2006 |                               |       |  |  |  |

\*\*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.