Edgar Filing: ELECTRONIC CLEARING HOUSE INC - Form 4

ELECTRONIC CLEARING HOUSE INC

Form 4 September 18, 2002

Form 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

OMB APPROVAL OMB Number:

3235-0287

Expires: January 31,

2005 Estimated average

[] Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instructions 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**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

burden hours per response. . . 0.5

| Name and Addre Griffin, David C. | | 2. Issuer Name and Ticker or Trading Symbol Electronic Clearing House, Inc. (ECHO) | | | | | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|--------------------------------------|--|--|---|-------|--|-----------|---|--|---|---|
| (Last) (28001 Dorothy Dri | 3. I.R.S. Identification Number of Reporting Per if an entity (voluntary) | Identification Number of Reporting Person, if an entity | | | 4. Statement for Month/Day/Year September 13, 2002 | | | Director 10% OwnerX_ Officer (give Other (specify title below) below) | | |
| | | | | | | | | Vice | President | |
| Agoura Hills, CA 9 | | | 5. If Amendment, Date of Original (Month/Day/Year) | | | | 7. Individual or Joint/Group Filing (Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (Zip) | Table I - I | Non-D | eriva | ative Secur | | s Acquii Owned | red, Disposed o | f, or Ber | eficially |
| Title of Security nstr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Trans Code (Instr |) | 4. Securities Activation (A) or Disposed (Instr. 3, 4 and 5) Amount (A) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Owner- ship Form: Direct (D) or | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| ommon Stock | | | Code | e V | | or (D) | | Transactions(s) (Instr. 3 and 4) | Indirect (I) (Instr. 4) | |

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

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 control number.

(Over) SEC 1474 (3-99)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned **FORM 4 (continued)**

| | | | (| e.g., puts, c | alis, warrants, options, | convertible securiti | ies) | | | |
|--|--|---|---|---|--|---|---|---|--|---|
| itle of ivative curity str.3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/ Day/ Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9.Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nation of Indirect Benefic Owners (Instr. 4 |
| 4 | | | | | | | | | | |

^{*} If the form is filed by more than one reporting person, see Instructions 4(b)(v).

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| | | | Code | ٧ | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |
|------|--------|-----------|------|---|-----|-------|---------------------|--------------------|--------|--|--------|---|--|
| ions | \$2.00 | 9/13/2002 | Н | | | 7,500 | 9/13/97 | 9/13/02 | Common | 7,500 | 30,000 | D | |

Explanation of Responses:

| ** | Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). | /s/ David C. Griffin | 09/17/2002 | |
|----|---|---|------------|--|
| | | by Donna Rehman under Power of Attorney **Signature of Reporting Person | Date | |

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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Page 2