Edgar Filing: LEVIN JERRY W - Form 4

| LEVIN JERF | RY W | | | | | | | | | | | | |
|---|---|---|------------|---|-----|--------------------|--------|----------------|--|---|----------|--|--|
| Form 4 April 02, 200 | 0 | | | | | | | | | | | | |
| · | | | | | | | | | | OMB A | PPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this if no long subject to Section 10 Form 4 or Form 5 obligation | er STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 Sectio | | | | | | | | January 31, Expires: 2005 Estimated average burden hours per response 0.5 | | | |
| may conti <i>See</i> Instru 1(b). | nue. | | of the Inv | • | | . | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | | |
| LEVIN JERRY W Sy | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol ECOLAB INC [ECL] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Month | | | | Pate of Earliest Transaction onth/Day/Year) 31/2009 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | ndment, Date Original hth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| NEW YORK | K, NY 10019 | | | | | | | | Form filed by M Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non | -De | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | Code | 3) | n(A) or Dis (D) | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 03/31/2009 | | | А | | 253.22 | | \$0 | 98,827.39 <u>(1)</u> | D | | | |

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)

Edgar Filing: LEVIN JERRY W - Form 4

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | | | |
| LEVIN JERRY W J. W. LEVIN PARTNERS, LLC 9 WEST 57TH STREET, 26TH FLOOR NEW YORK, NY 10019 | х | | | | | | | |
| Signatures | | | | | | | | |
| /s/David F. Duvick, Attorney-in-Fact for . Levin | Jerry | y 04/02/2009 | | | | | | |
| **Signature of Reporting Person | | Da | ite | | | | | |
| | | | | | | | | |

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) Includes 91.72 shares acquired pursuant to a dividend reinvestment feature of the Ecolab Inc. 2001 Non-Employee Director Stock Option and Deferred Compensation 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.