Edgar Filing: IACARELLA THOMAS - Form 4

IACARELLA	A THOMAS										
Form 4											
May 01, 200	7										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB A	PPROVAL	
	UNITE	DSTATES		hington,	COMMISSION	OMB Number:	3235-0287				
Check thi					Expires:	January 31,					
if no long subject to	F CHAN	GES IN I	Estimated average								
Section 16.				SECUR	ITIES	burden hours per					
Form 4 or				response 0.5							
obligatior	Form 5 obligations 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										
may conti				•	•				n		
See Instru	ction	30(n)	of the In	vestment	Compan	y Aci	t of 194	+0			
1(b).											
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Re						5. Relationship of Reporting Person(s) to					
			Symbol	ivanic anu	TICKCI OI	1 aum	ig	Issuer			
5 ymo				I INDUST	RIES IN	JC					
							(Check all applicable)				
(Last)	(First)	(Middle)						Director	10% Owner		
			(Month/D	-				XOfficer (give titleOther (specify below) below)			
			04/27/2007					Vice President & CFO			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line)			
		-						_X_ Form filed by C Form filed by M			
SIOUX FAL	LS, SD 57117	/						Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3. 4. Securities Acquired			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of Code (D) (Day/Year) (Instr. 8) (Instr. 3, 4 and 5)						Form: Direct	Indirect	
(Instr. 3)		any (Month/						Beneficially Owned	(D) or Beneficia Indirect (I) Ownershi	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
					(A)			Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	` ´			
Stock	04/27/2007			М	5,716	А	\$7	95,849	D		
							¢				
Common	04/27/2007			F	2,496	D	\$ 29.9	93,353	D		
Stock							29.9				

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.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	onof D Secu Acq (A) Disp (D)	urities uired or oosed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (1)	\$ 7	04/27/2007		М		5,716	11/18/2003	11/18/2007	Common Stock	20,000
Stock Option (1)	\$ 13.5						11/21/2004	11/21/2008	Common Stock	13,000
Stock Option	\$ 22						11/19/2005	11/19/2009	Common Stock	8,000
Stock Option	\$ 31.05						11/18/2006	11/18/2010	Common Stock	7,000
Stock Option (1)	\$ 28.01						11/20/2007	11/20/2011	Common Stock	7,500

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
IACARELLA THOMAS PO BOX 5107 SIOUX FALLS, SD 57117			Vice President & CFO					
Signatures								
/s/ Thomas Iacarella	04/30/2007							

<u>**</u>Signature of Reporting Person

Date

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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) Pursuant to Rule 16b-3(d). Right to buy. All options vest at the rate of 25% annually beginning one year after date of grant.

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.