

BUCKEYE TECHNOLOGIES INC  
 Form 3/A  
 July 21, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * ^ Dean Steven G (Last) (First) (Middle)  1001 TILLMAN STREET (Street)  MEMPHIS, ^ TN ^ 38112 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2006	3. Issuer Name <b>and</b> Ticker or Trading Symbol BUCKEYE TECHNOLOGIES INC [BKI]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) V.P., Chief Financial Officer	5. If Amendment, Date Original Filed(Month/Day/Year) 07/06/2006	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	6,000	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Options (Right To Buy)	10/12/2006 <sup>(1)</sup>	10/12/2015	Common Stock	8,000	\$ 7.62	D	Â
Non-Qualified Stock Options (Right To Buy)	04/20/2005 <sup>(2)</sup>	04/20/2014	Common Stock	8,000	\$ 10.77	D	Â
Non-Qualified Stock Options (Right To Buy)	10/12/2006 <sup>(3)</sup>	10/12/2015	Common Stock	10,000	\$ 11.25	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Dean Steven G 1001 TILLMAN STREET MEMPHIS, TN 38112	Â	Â	Â V.P., Chief Financial Officer	Â

## Signatures

Steven G. Dean                      07/21/2006

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) 20% of the options become exercisable in five equal installments; commencing one year after the grant date.
- (2) 20% of the stock options become exercisable 4/20/05; 80% of the stock options become exercisable 6/8/2005.
- (3) 20% of the stock options become fully vested on 4/23/03; 20% of the stock options become fully vested on 04/23/04; 20% of the stock options become fully vested on 04/23/2005; and 40% of the stock options become fully vested on 06/08/05.

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.