### Edgar Filing: ASTEC INDUSTRIES INC - Form 4

Form 4	DUSTRIES INC											
March 08, 2										OMB	APPROVAL	
	UNITED	STATES				AND EX 1, D.C. 2			COMMISSION	OMB Number:	3235-0287	
Check t if no los		0		,				Expires:	January 31,			
subject Section Form 4	to <b>SIAIE</b> 16.	MENT O	F CHA	NERSHIP OF	Estimated burden ho response	ours per						
Form 5 obligati may co <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the l	Public I	Utility	Ho		mpai	ny Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type	Responses)											
SMITH W NORMAN Sy			Symbol			nd Ticker of		-	5. Relationship of Reporting Person(s) to Issuer			
						Fransaction	-		(Check all applicable)			
(Mon			(Month	onth/Day/Year) /04/2005					X Director 10% Owner X Officer (give title Other (specify below) below) Group VP-Asphalt			
				mendment, Date Original Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CHATTAI	NOOGA, TN 374	21							Person		Reporting	
(City)	(State)	(Zip)	Ta	ble I - N	on-	Derivativ	e Secu	urities Acc	uired, Disposed of	f, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution I any	Date, if Transactionor Disposed of Code (Instr. 3, 4 and ay/Year) (Instr. 8)			ed of	nd 5) Beneficial Owned Following Reported Transactio		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	V	Amount	(D)	Price	(msu: 5 and 1)		W.N.Smith	
common stock	03/04/2005			S		30,000	D	\$ 19.399	110,200	Ι	Rev. Living Trust	
common stock									20,000	D		
common stock									70,000	I <u>(1)</u>	Merle Smith Rev. Living Trust	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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# 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	2. Comming	3. Transaction Date		4. Trono eti	5.	6. Date Exer		7. Titl		8. Price of	9. Nu Daria
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactio Code (Instr. 8)	orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)			Amou Under Secur (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
F8	Director	10% Owner	Officer	Other				
SMITH W NORMAN 1725 SHEPHERD ROAD CHATTANOOGA, TN 37421	Х		Group VP-Asphalt					
Signatures								
Kimberly Greene, atty in fact for	rman	03/08/2005						

\*\*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).

On previously filed Form 4s, the Reporting Person has reported in Table I indirect ownership of phantom shares held in a Supplemental

(1) Executive Retirement Plan. These phantom shares, which are payable in cash following the Reporting Person's termination of ampleument with the Issuer are not included in Table I of this Form 4 because the second data of the Issuer and the Issuer are not included in Table I of this Form 4 because the second data of the Issuer are not included in Table I of the

") employment with the Issuer, are not included in Table I of this Form 4 because they are derivative securities of the Issuer that should be reported in Table II.

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.

Smith