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ALTIRIS IN Form 4 January 31, FORM	2007	STATES	5 SECUF	RITIES	A	ND EX(CHAI	NGE C	OMMISSION	OMB AF OMB	PROVAL	
Check th	his box		Was	shingto	on,	D.C. 20	549			Number:	3235-0287	
if no lon	iger STATEN	IFNT O	F CHAN	ЕДСНІД ОЕ	Expires:	January 31, 2005						
subject t Section	10	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange								Estimated a burden hour	•	
Form 4 o Form 5										response	0.5	
obligatio	ons Section 17(•	e Act of 1934, 1935 or Section	l		
may con See Instr	iunue.		of the In	•		•	· ·					
1(b).												
(Print or Type	Responses)											
1. Name and A ERICKSON	Symbol	-					5. Relationship of Reporting Person(s) to Issuer					
(Least)	(Einst) ()	(Eddla)	ALTIRIS INC [ATRS]						(Check all applicable)			
(Last)	(First) (I	Aiddle)		3. Date of Earliest Transaction (Month/Day/Year) 01/29/2007					Director 10% Owner X Officer (give title Other (specify below) below)			
C/O ALTIF SOUTH	RIS, INC., 588 WI	EST 400	01/29/2									
500111	(Star at)		4 76 4		D					d Vice Preside		
(Street) 4. If Amendment, Date Filed(Month/Day/Year)				ar) Applicable Line)								
LINDON, I	UT 84042								_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Noi	1-D	erivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)		nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)				4. Securiti r(A) or Dis (Instr. 3, 4	posed and 5 (A)	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6.7. Nature ofOwnershipIndirectForm: DirectBeneficial(D) orOwnershipIndirect (I)(Instr. 4)(Instr. 4)		
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/29/2007	01/29/2	2007(1)	М		15,000	А	\$ 13.08	58,979	D		
Common Stock	01/29/2007	01/29/2	2007(1)	М		2,500	А	\$ 7.5	61,479	D		
	01/29/2007 01/29/2007	01/29/2		M S		2,500 7,500	A D		61,479 53,979	D D		
Stock Common			2007(1)									

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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)

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. Transactio Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Option to buy common stock	\$ 7.5	01/29/2007	01/29/2007 <u>(1)</u>	М	2,500	02/22/2003(2)	02/22/2012	Common Stock	2,50
Option to buy Common Stock	\$ 13.08	01/29/2007	01/29/2007 <u>(1)</u>	М	15,000	01/28/2004(4)	01/28/2003	Common Sotck	15,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ERICKSON STEPHEN C C/O ALTIRIS, INC. 588 WEST 400 SOUTH LINDON, UT 84042			CFO and Vice President				
0.							

Signatures

/s/ Stephen C. Erickson **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).
- (1) Transaction pursuant to Reporting Person's 10b5-1.

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- (2) The option vested as to 1/4 of the shares on the "Date Exercisable" and the remainder of the shares vested monthly over the next three years.
- (3) Not applicable.
- (4) The option vested as to 1/4 of the shares on the "Date Exercisable" and each anniversary thereof.

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.