Edgar Filing: ARENS GEOFFREY W - Form 4

ARENS GEO	OFFREY W										
Form 4											
January 06, 2	2009										
FORM	FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287				
Check thi				Expires:	January 31,						
if no long subject to		MENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average		
Section 16.				SECURITIES					burden hours per		
Form 4 or										0.5	
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
obligation may cont		7(a) of the	Public Ut	ility Hold	ling Com	pany	Act of	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Company	y Act	of 194	0			
1(b).											
(Print or Type F	(esponses)										
(F)										
			2. Issuer	uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
			Symbol					Issuer (Check all applicable)			
	CALIFO	ORNIA C	OASTAI								
			COMMUNITIES INC [CALC]					(Check an applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			_X_ Director	10%	Owner	
		(Month/D			ay/Year)			Officer (give title Other (specify below) below)			
			01/02/20	009				Delow) Delow)			
AMERICAS	5										
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				Month/Day/Year)				Applicable Line)			
								X Form filed by One Reporting Person			
NEW YORK, NY 10019								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	r) Executio	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct		
(Instr. 3)		any	Code (Instr. 3, 4 and 5)				5)	Beneficially		Beneficial	
		(Month/	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(111501. 4)	(1150.4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				0000 1	. mount		1.100				
Stock -	01/00/2000				35,714		\$	40.150	D		
\$.05 par	01/02/2009			А	<u>(1)</u>	А	0.56	40,159	D		
value											

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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						
	Director	10% Owner	Officer	Other				
ARENS GEOFFREY W 1325 AVENUE OF THE NEW YORK, NY 10019	AMERICAS	Х						
Signatures								
Geoffrey W. Arens	01/06/2009							
<u>**</u> 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) These are restricted shares that were issued under the Director Fee Program of the Amended and Restated 1993 Stock Option/Stock Issuance Plan at the election of Mr. Arens. The shares vest in 25% increments at the end of each quarter during 2009.

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.