Edgar Filing: AGILYSYS INC - Form 4

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| Form 4 | | | | | | | | | | | | |
|--|--|-------------|---------------------------------------|---|-------------|--|--|---|-----------------|--|--|--|
| | fune 15, 2007 FORM 4 LINUTED STATES SECURITIES AND EXCHANCE COMMISS | | | | | | | | OMB APPROVAL | | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check this if no long subject to Section 10 Form 4 or | er STATEN 6. | | | | | | | | | January 31, 2005 average urs per . 0.5 | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | nue. ction | a) of the | | ility Hold | ing Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | response | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| MCCREARY ROBERT G III Symbol | | | | Name and Ticker or Trading SYS INC [AGYS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (I | Middle) | 3. Date of Earliest Transaction (Chec | | | | ck all applicable) | | | | | |
| (Month/Da 1111 SUPERIOR AVENUE, SUITE 06/08/20 970 | | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | (Street) 4. If Amer Filed(Mon | | | | e Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| CLEVELAN | ND, OH 44114 | | | | | | | | More than One R | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | on Date, if | Code Disposed of (D) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Common stock, | | | | | | | | | | | | |
| without par value | 06/08/2007 | | | G | 223 | D | \$0 | 15,291 | D | | | |

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)

Reporting Owners

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. 6. Date Exerci orNumber Expiration Dat of (Month/Day/Y Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|---|----------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MCCREARY ROBERT G III 1111 SUPERIOR AVENUE SUITE 970 CLEVELAND, OH 44114 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Rita A. Thomas, by power of attorney for Robert McCreary | | | | | | | |
| <u>**</u> Signature of Repo | | | Dat | | | | |

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).

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.

/2007

Date