Edgar Filing: ROSSITER ROBERT E - Form 4/A

ROSSITER	ROBERT E											
Form 4/A												
October 29,	2007											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	OMB APPROVAL			
	UNITE	DSIALE		hington,			NGE (201411411551014	OMB Number:	3235-0287		
Check the	nis box		vv as	inington,	D.C. 20.	J- T /				January 31,		
if no lon		EMENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP O				NERSHIP OF	Expires: 200			
Subject to Section 16.				SECURITIES					Estimated average burden hours per			
Form 4 or									response 0.5			
Form 5							-	e Act of 1934,				
obligatio may con				•	•	· ·		f 1935 or Sectio	n			
See Inst		30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type	Responses)											
(I IIII of Type	in the second											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Tra-						Tradin	ng 5. Relationship of Reporting Person(s) t					
ROSSITER ROBERT E Symbol								Issuer				
			LEAR C	CORP [LE	EA]			(Chao	le all annliaght	•)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Chec	k all applicable	=)		
(Month/D							X Director 10% Owner					
21557 TEL	EGRAPH ROA	D	12/27/19	999				XOfficer (give below)	e title Oth below)	er (specify		
									airman & CEO			
				. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year)				Applicable Line)				
			11/14/20	006				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
SOUTHFIE	ELD, MI 48033							Person	Aore than One Ke	eporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	-		ion Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct			
(Instr. 3)		any (Month/	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(1/10/111)	2 4) , 1 0 41)	(1115411-0)	(11541-0)	· uno	2)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(
Common Stock	12/27/1999			G <u>(1)</u>	3,035	D	\$0	60,232 <u>(2)</u>	D			
Common Stock	11/13/2006			F	8,965 (3)	D	\$ 33.1	51,267 <u>(4)</u>	D			

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

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (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				
ROSSITER ROBERT E 21557 TELEGRAPH ROAD SOUTHFIELD, MI 48033	Х		Chairman & CEO					
Signatures								

/s/ Karen Rosbury, as 10/29/2007 attorney-in-fact

<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) Reflects charitable gift made on 12/27/1999.
- (2) Reflects updated number of shares owned prior to share withholding on 11/13/2006.
- (3) The number of shares withheld has been adjusted to reflect amounts withheld to satisfy supplemental tax withholding obligations.
- (4) The amount has been updated to reflect the gift and the supplemental withholding reported in this amended Form 4.

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.