GABRON FRANK

Form 4 May 27, 2005

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005 Estimated average

0.5

burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue.

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

05/25/2005

(Print or Type Responses)

1. Name and Address of Reporting Person * GABRON FRANK			2. Issuer Name and Ticker or Trading Symbol HELIX TECHNOLOGY CORP [HELX]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) NINE HAMI	(First) (M	iddle)	3. Date of Earliest Transaction (Month/Day/Year) 05/25/2005					X Director Officer (giv below)		6 Owner er (specify	
			03/23/2003								
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
MANSFIELI	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
								1 Crson			
(City)	(State) (Z	Zip)	Table I - Non-Derivative Securities A					equired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	(A) or (A) or (A) or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

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

A

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.

SEC 1474

(9-02)

D

12,800

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2,000

(1)

Α

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr	
					4, and 5)	Date	Expiration		Amount		
				Code V	(A) (D)	Exercisable	Date	Title	Number of Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

**GABRON FRANK** X NINE HAMPSHIRE STREET MANSFIELD, MA 02048

# **Signatures**

By: Beverly L. Couturier, Attorney-in-Fact For: Frank

Gabron 05/25/2005 \*\*Signature of Reporting Person

### **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).

Date

Shares granted pursuant to Helix Technology Corporation's (the "Company") Directors' Compensation Program (the "Program"). Pursuant to the terms of the Program, the 2,000 shares will vest in four equal installments of 500 shares each on each of June 30, **(1)** 2005, September 30, 2005, December 31, 2005, and March 31, 2006 (each, a "Vesting Date"), subject to the requirement that the Reporting Person is a director of the Company on such Vesting Date.

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.

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