#### Edgar Filing: CHOICE HOTELS INTERNATIONAL INC /DE - Form 4

#### CHOICE HOTELS INTERNATIONAL INC /DE

Form 4

October 03, 2005

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

Check this box if no longer subject to

Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

(Last)

(City)

1.Title of

Security

(Instr. 3)

Common

Common

Stock

Stock

1. Name and Address of Reporting Person \*

SCHULTZ RAYMOND E

(Middle)

(Zip)

Execution Date, if

(Month/Day/Year)

2. Transaction Date 2A. Deemed

(First)

10750 COLUMBIA PIKE

(State)

09/29/2005

09/29/2005

(Month/Day/Year)

SILVER SPRING, MD 20901

(Street)

CHOICE HOTELS INTERNATIONAL INC /DE [CHH]

> 3. Date of Earliest Transaction (Month/Day/Year)

Symbol

09/29/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Α

Code Amount 33.1

A

179.3

(A)

or

(D)

A

28,284.9

Price

60.78

Beneficially Owned Following Reported

Transaction(s)

(Instr. 3 and 4)

28,056.7

Indirect (I) (Instr. 4)

Form: Direct Indirect (D) or Beneficial Ownership (Instr. 4)

6. Ownership 7. Nature of

10% Owner Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(Check all applicable)

Issuer

below)

Person

\_X\_\_ Director

Applicable Line)

5. Amount of

Securities

Officer (give title

Estimated average

burden hours per

D

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.

SEC 1474 (9-02)

1

#### Edgar Filing: CHOICE HOTELS INTERNATIONAL INC /DE - Form 4

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

1. Title of	2.	3. Transaction Date		4. T	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired			•			Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIIsti
					4, and 5)						
					4, and 3)						
									Amount		
						ъ.	E		or		
						Date Expiration Exercisable Date	Expiration	n Title Nu of	Number		
							Date				
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	D:	100/ 0	Off:	0		

Director 10% Owner Officer Other

SCHULTZ RAYMOND E 10750 COLUMBIA PIKE X SILVER SPRING, MD 20901

## **Signatures**

Raymond E. Schultz 10/03/2005

\*\*Signature of Date
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).

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.

Reporting Owners 2