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AT TIDIC INC

ALTIRIS IN	С											
Form 4												
November 17	7, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box							Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									Estimated a	2005		
	Section 16. SECURITIES								burden hours per			
	Form 4 or								response	. 0.5		
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
may cont				•	•	· ·	•	1935 or Section	n			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Drint or Turo D												
(Print or Type F	(esponses)											
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
	STEPHEN C		2. Issuer Name and Ticker or Trading Symbol					Issuer				
		ALTIRIS INC [ATRS]										
(Least)	(ddla)						(Check all applicable)					
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner				
C/O ALTIR	IS INC 588 WE	EST 400		•				Difector X Officer (give				
below)							· · · · · · · · · · · · · · · · · · ·	below) nd Chief Financial Officer				
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person						
LINDON L	LINDON, UT 84042											
LINDON, O	1 04042							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year)	Executio	n Date, if	Code (Instr. 3, 4 and 5)				Beneficially				
(Instr. 3)		any (Month/I	Day/Year)				3)			Beneficial Ownership		
		(intolicity)	Suj, i cui)	(111511:0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common	11/15/2006	11/15/2	$2006^{(1)}$	М	5,000	А	\$ 7.5	48,979	D			
Stock					- ,		,					
Common	11/15/2006	11/15/0	0.00c(1)	c	5 000	D	\$	42.070	D			
Stock	11/15/2006	11/15/2	2000(1)	S	5,000	D	24.08	43,979	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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to buy Common Stock	\$ 7.5	11/15/2006	11/15/2006 <u>(1)</u>	М	5,000	02/22/2003 <u>(2)</u>	02/22/2012	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
ERICKSON STEPHEN C C/O ALTIRIS, INC. 588 WEST 400 SOUTH LINDON, UT 84042			VP and Chief Financial Officer				
Signatures							

/s/ Stephen C. 11/17/2006 Erickson **Signature of Reporting Date

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).
- Transaction pursuant to the Reporting Person's 10b5-1 Plan. (1)
- The option vested as to 1/4 of the shares subject to the option on the "Date Exercisable" and 1/48th of the shares subject to the option (2) vested each month thereafter.
- (3) Not applicable.

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.