## Edgar Filing: MOBILE MINI INC - Form 4/A

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MOBILE M	INI INC											
Form 4/A												
March 12, 20	)07											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	UNITED	STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check the									Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								<b>NERSHIP OF</b>		2005		
subject to STATEMENT OF CHAIN Section 16. Form 4 or				SECURITIES					Estimated average burden hours per response 0.5			
Form 5	-	suant to	Section 16	b(a) of the	Securiti	es Ex	chang	ge Act of 1934,	response	0.5		
obligation	ns Section 17(							f 1935 or Sectio	m			
may cont See Instru	inue.		) of the Inv	•	•	- ·						
1(b).	iction	()				,						
(Print or Type F	Responses)											
1. Name and Address of Reporting Person *2. IssuerKEELEY DEBORA KSymbol				uer Name <b>and</b> Ticker or Trading l				5. Relationship of Reporting Person(s) to				
								Issuer				
			MOBIL	LE MINI INC [MINI]				(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of	Earliest Tra	insaction			(end				
			(Month/Da	h/Day/Year)			Director 10% Owner					
7420 S. KYRENE ROAD 12/08/20				/08/2006				X_ Officer (give title Other (specify below) below)				
								· · · · · · · · · · · · · · · · · · ·	Chief Accounti	ng Ofc		
	(Street)		4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line)				
				/12/2006				_X_ Form filed by One Reporting Person				
TEMPE, AZ 85283								Form filed by More than One Reporting Person				
(City)	(Stata)	(Zin)										
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	1.Title of 2. Transaction Date 2A. D							5. Amount of	6. Ownership			
Security (Month/Day/Year) Execution Da (Instr. 3) any (Month/Day/Y			on Date, if	Code Disposed of (D)				Securities	Form: Direct	Indirect Beneficial		
			/Dav/Year)					Beneficially Owned	(D) or Indirect (I)	Ownership		
		(internal	, 2 u j, 1 cui )	(1115411-0)	(1115417-0)	· uno	.,	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common												
Stock,	12/08/2006			А	8,757	А	\$ 0	18,757 <sup>(1)</sup>	D			
	12/08/2006			А	8,757	А	\$ 0	18,757 <u>(1)</u>	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.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	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				
KEELEY DEBORA K 7420 S. KYRENE ROAD TEMPE, AZ 85283		Sr. VP & Chief Accounting Ofc						
Signatures								

/s/ Deborah 02/14/2007 Keeley

<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) The reporting person's original Form 4 erroneously reported 13,757 shares, which number is corrected hereby to show 18,757 shares.

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.