Edgar Filing: EXPRESS-1 EXPEDITED SOLUTIONS INC - Form 4

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-0287 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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES State average burden hours per response Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). State average sudden hours per response State average burden hours per response State average burden hours per response State average burden hours per response State average burden hours per response (Print or Type Response) Sissuer Name and Ticker or Trading Symbol EXPRESS-1 EXPEDITED SOLUTIONS INC [XPO] S. Relationship of Reporting Person(s) to Issuer S. Relationship of Reporting Person(s) to Issuer
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Expires: 2000 Estimated average burden hours per response Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b). 1935 or Section 0.5 (Print or Type Responses) 1. Name and Address of Reporting Person * Whitehead Calvin R 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) SOLUTIONS INC [XPO] (Check all applicable)
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Whitehead Calvin R Symbol Issuer EXPRESS-1 EXPEDITED Check all applicable)
Whitehead Calvin R Symbol Issuer EXPRESS-1 EXPEDITED (Check all applicable) SOLUTIONS INC [XPO] (Check all applicable)
(Lost) (First) (Middle) 2 D (CE L' (T) V Director 100 0
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting
BUCHAINAIN, IVII 49107 Person
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned
1.Title of Security 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of Securities 6. Ownership 7. Nature of Form: Direct (Instr. 3) (Month/Day/Year) Execution Date, if any any Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I) Ownership (A) (A) (A) (Instr. 4) (Instr. 4) (Instr. 4) (A) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4)
Code V Amount (D) Price (Inder 9 and 9) 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.

 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 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Underlying Securities Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4) Price of (Month/Day/Year) (Instr. 8) (Instr. 3) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Exercisable Expiration Title Amount Date or Number of Share Common 01/29/2008(1) 01/28/2018 Options \$ 1.04 01/29/2008 Α 25.000 25,00 Stock

Edgar Filing: EXPRESS-1 EXPEDITED SOLUTIONS INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Whitehead Calvin R C/O EXPRESS-1 EXPEDITED SOLUTIONS, INC. 429 POST ROAD BUCHANAN, MI 49107	Х			
Signatures				
Calvin R.				

01/30/2008 Whitehead **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).

(1) Options vest monthly over a 3-year period and are exercisable from the date of the grant through the end of the 10-year period.

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.