LAWRENCE RALPH C

Form 5 July 19, 2011

#### FORM 5

**OMB APPROVAL** 

**OMB** 3235-0362 Number:

January 31, Expires: 2005

1.0

Estimated average burden hours per

response...

5 obligations may continue. See Instruction

Check this box if

no longer subject

to Section 16.

Form 4 or Form

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4

Transactions Reported

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

| Idress of Reporting ERALPH C | Symbol                                                                        | 2. Issuer Name and Ticker or Trading Symbol STARRETT L S CO [SCX]                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                               | 5. Relationship of Reporting Person(s) to Issuer                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |  |
|------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (First) (M                   | (Month/I                                                                      | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2011                                                                                                                           |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                                                                                                                                                                                             | (Check all applicable) X Director 10% Ow Officer (give title Other (species) below)                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |  |
| (Street)                     |                                                                               |                                                                                                                                                                                                   | Original                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               | $\epsilon$                                                                                                                                                                                                                                                                                                                                                                                    | 6. Individual or Joint/Group Reporting (check applicable line)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |  |
|                              |                                                                               |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               | _                                                                                                                                                                                                                                                                                                                                                                                             | Form Filed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |  |
| (State)                      | (Zip) Tab                                                                     | le I - Non-Deri                                                                                                                                                                                   | vative Sec                                                                                                                                                                                                                                                                                                                          | urities                                                                                                                                                                                                                                                                                                                                                                                                       | Acqui                                                                                                                                                                                                                                                                                                                                                                                         | red, Disposed o                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f, or Beneficial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ly Owned                                                                                                                                                   |  |
|                              | Execution Date, if any                                                        | Code                                                                                                                                                                                              | Acquired<br>Disposed                                                                                                                                                                                                                                                                                                                | l (A) o<br>l of (D                                                                                                                                                                                                                                                                                                                                                                                            | )                                                                                                                                                                                                                                                                                                                                                                                             | 5. Amount of<br>Securities<br>Beneficially<br>Owned at end<br>of Issuer's<br>Fiscal Year<br>(Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                                                                    | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                                                                                          |  |
| Â                            | Â                                                                             | Â                                                                                                                                                                                                 | Â                                                                                                                                                                                                                                                                                                                                   | Â                                                                                                                                                                                                                                                                                                                                                                                                             | Â                                                                                                                                                                                                                                                                                                                                                                                             | 1,200                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Â                                                                                                                                                          |  |
|                              | E RALPH C  (First) (N  (Street)  (State)  2. Transaction Dat (Month/Day/Year) | E RALPH C Symbol STARF  (First) (Middle) 3. Statem (Month/I 06/30/2  (Street) 4. If Ama Filed(Mo  (State) (Zip) Tab  2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | E RALPH C  Symbol STARRETT L S CC  (First) (Middle) 3. Statement for Issuer's (Month/Day/Year) 06/30/2011  (Street) 4. If Amendment, Date Control Filed(Month/Day/Year)  (State) (Zip) Table I - Non-Deriver 2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if Transaction any Code (Month/Day/Year) (Instr. 8) | E RALPH C  Symbol  STARRETT L S CO [SCX]  (First) (Middle) 3. Statement for Issuer's Fiscal Yea (Month/Day/Year)  06/30/2011  (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)  (State) (Zip) Table I - Non-Derivative Sec  2. Transaction Date 2A. Deemed 3. 4. Securi (Month/Day/Year) Execution Date, if Transaction Acquired any Code Disposed (Month/Day/Year) (Instr. 8) (Instr. 3, Amount | Symbol STARRETT L S CO [SCX]  (First) (Middle) 3. Statement for Issuer's Fiscal Year Ender (Month/Day/Year) 06/30/2011  (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)  2. Transaction Date 2A. Deemed 3. 4. Securities (Month/Day/Year) Execution Date, if Transaction Acquired (A) or any Code Disposed of (D (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and (A) or Amount (D) | E RALPH C  Symbol  STARRETT L S CO [SCX]  (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  06/30/2011  (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)  (State) (Zip) Table I - Non-Derivative Securities Acqui  2. Transaction Date 2A. Deemed 3. 4. Securities (Month/Day/Year) Execution Date, if Transaction Acquired (A) or any Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)  (A)  or Amount (D) Price | E RALPH C  Symbol STARRETT L S CO [SCX]  (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2011  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  (State)  (State)  (State)  (State)  (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of Month/Day/Year)  (State)  (State)  (State)  (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) Owned at end of Issuer's Fiscal Year (Instr. 3, 4 and 5) Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | Symbol STARRETT L S CO [SCX]  (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2011 ——————————————————————————————————— |  |

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 2270

(9-02)

#### Edgar Filing: LAWRENCE RALPH C - Form 5

# 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         | 4.          | 5.         | 6. Date Exerc | cisable and | 7. Titl | e and    | 8. Price of |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|---------|----------|-------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | Number     | Expiration D  | ate         | Amou    | nt of    | Derivative  |
| Security    | or Exercise |                     | any                | Code        | of         | (Month/Day/   | Year)       | Under   | lying    | Security    |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e             |             | Securi  | ties     | (Instr. 5)  |
|             | Derivative  |                     |                    |             | Securities |               |             | (Instr. | 3 and 4) |             |
|             | Security    |                     |                    |             | Acquired   |               |             |         |          |             |
|             |             |                     |                    |             | (A) or     |               |             |         |          |             |
|             |             |                     |                    |             | Disposed   |               |             |         |          |             |
|             |             |                     |                    |             | of (D)     |               |             |         |          |             |
|             |             |                     |                    |             | (Instr. 3, |               |             |         |          |             |
|             |             |                     |                    |             | 4, and 5)  |               |             |         |          |             |
|             |             |                     |                    |             |            |               |             |         | Amount   |             |
|             |             |                     |                    |             |            |               |             |         | or       |             |
|             |             |                     |                    |             |            | Date          | Expiration  |         | Number   |             |
|             |             |                     |                    |             |            | Exercisable   | Date        |         | of       |             |
|             |             |                     |                    |             | (A) (D)    |               |             |         | Shares   |             |

D

0

Is Fi

### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| ·F                             | Director      | 10% Owner | Officer | Other |  |  |  |
| LAWRENCE RALPH C               | ÂΧ            | Â         | Â       | Â     |  |  |  |
| Â                              | 11 11         | **        | •       |       |  |  |  |

## **Signatures**

Ralph C
lawrence

\*\*Signature of Reporting Person

O7/19/2011

### **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 provided 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