### Edgar Filing: INFRASOURCE SERVICES INC - Form 5

#### INFRASOURCE SERVICES INC

Form 5

February 07, 2007

FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES 1.0 response... may continue. See Instruction 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 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Montgomery Terence R Symbol INFRASOURCE SERVICES INC (Check all applicable) [IFS] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner X \_ Officer (give title Other (specify (Month/Day/Year) below) below) 12/31/2006 CFO and Senior Vice President C/O INFRASOURCE SERVICES. INC, 100 WEST SIXTH STREET, **SUITE 300** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) MEDIA, PAÂ 19063 \_X\_ Form Filed by One Reporting Person \_ Form Filed by More than One Reporting (Zip) (City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Disposed of (D) Beneficially Beneficial Code (D) or (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) Amount (D) Price Common Â Â 10/31/2006 G 3,000 D \$0 65.938 D Stock Persons who respond to the collection of information Reminder: Report on a separate line for each class of **SEC 2270** securities beneficially owned directly or indirectly. contained in this form are not required to respond unless (9-02)the form displays a currently valid OMB control number.

**OMB APPROVAL** 

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| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5.         | 6. Date Exerc    | cisable and | 7. Title | 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   |             |

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# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                               |       |  |  |  |
|--|---------------|-----------|-------------------------------|-------|--|--|--|
| 1  | Director      | 10% Owner | Officer                       | Other |  |  |  |
| Montgomery Terence R<br>C/O INFRASOURCE SERVICES, INC<br>100 WEST SIXTH STREET, SUITE 300<br>MEDIA, PA 19063 | Â             | Â         | CFO and Senior Vice President | Â     |  |  |  |

# **Signatures**

/s/ Deborah Lofton, as attorney-in-fact for Terence R.

Montgomery

02/07/2007

\*\*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).

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.

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