Edgar Filing: LUIKART JAMES L - Form 4

LUIKART J	JAMES L										
Form 4											
May 18, 201	12										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	MB 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 average			
	Section 16. SECURITIES							burden hours per			
Form 4 of	or								response 0.5		
Form 5	-						-	Act of 1934,			
obligatic may con				•	•	· ·		1935 or Section			
See Instr		30(h)	of the Ir	nvestment	Compan	y Ac	t of 1940)			
1(b).											
(Duint on Toma)	D										
(Print or Type	Responses)										
1 Name and A	Address of Reportin	g Person *	2 Lagua	a Nomo ond	I Tielsen en	Tradia		5. Relationship of l	Reporting Pers	on(s) to	
LUIKART	•	<u>-</u>	Symbol	er Name and Ticker or Trading			Issuer				
			•	Group Inc. [EDG]							
(7))		A P 1 1 X	C	•				(Check	all applicable)	
			f Earliest Transaction				V 100	0			
C/O IEEE	ΡΙΕς ΟΛΡΙΤΛΙ			/Day/Year)			X_ DirectorX_ 10% Owner Officer (give title Other (specify				
C/O JEFFERIES CAPITAL 05/17/2 PARTNERS, 520 MADISON				2012			below) below)				
	10TH FLOOR										
			4 10 4					< T 1 ¹ · 1 · 1 · T ·		(0) 1	
	(Street)			endment, Date Original				6. Individual or Joint/Group Filing(Check			
rneu(Moi			•				Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10022							Form filed by Me			
							1	Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Deen	ned	3.	4. Securit	ies Ac	quired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year		n Date, if	Transaction Disposed of (D)			Securities	Ownership	Indirect		
(Instr. 3)			any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(WOIIII/L	ay/ical)	(11150. 0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)	. ,	
						or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Class A							\$				
Common	05/17/2012			Р	10,000	А	φ 8.1418	10,000	D		
Stock							0.1110				

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)

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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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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						
hepotong of the Function and	Director	10% Owner	Officer	Other			
LUIKART JAMES L C/O JEFFERIES CAPITAL PARTNERS 520 MADISON AVENUE, 10TH FLOOR NEW YORK, NY 10022	Х	Х					
Signatures							
/s/ David L. Laxton, III, as attorney in fact	05/17/2012						
**Signature of Reporting Person	D	ate					

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 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.