Edgar Filing: CONSOLIDATED TOMOKA LAND CO - Form 4/A

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CONSOLID Form 4/A May 22, 200	ATED TOMOKA 6	A LAND	CO									
FORM	14								OMB AF	PPROVAL		
CITIED STATES SECONTIES AND EXCHANCE COMMISSION								OMB Number:	3235-0287			
Check th	is box	Washington, D.C. 20549										
if no long subject to Section 1 Form 4 o Form 5	6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the	Public Ut		ing Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n			
(Print or Type I	Responses)											
MCMUNN WILLIAM H Symbol			r Name and Ticker or Trading DLIDATED TOMOKA				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			LAND	CO [CTO]			(chici	ii uii uppiituoit	,		
(Last) (First) (Middle) 3. Date of (Month/D P O BOX 10809 05/18/20			-				X Director 10% Owner X Officer (give title Other (specify below) below) Descident & CEO					
						_			sident & CEO			
				endment, Date Original nth/Day/Year) 006				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
DAYTONA BEACH, FI	_ 32120-0809		0011712					Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price ¢	(
Stock	05/18/2006			S	500	D	ф 58.25	58,353 <u>(1)</u>	D			
Common Stock	05/18/2006			S	500	D	\$ 58.61	57,853	D			
Common Stock	05/18/2006			S	500	D	\$ 58.58	57,353	D			
Common Stock	05/18/2006			S	500	D	\$ 58.58	56,853	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.

 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 Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	The	of		
				Code V	(A) (D)				Shares		
				Coue v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
MCMUNN WILLIAM H P O BOX 10809 DAYTONA BEACH, FL 32120-0809		Х		President & CEO					
Signatures									
William H. McMunn	05/22/2006	6							
<u>**</u> Signature of	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) Correction to total amount of securities reported in column 5, (correcting previous filing error).

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.

Reporting Person