## Edgar Filing: FRANKLIN FLOATING RATE TRUST - Form 4

FRANKLIN Form 4 June 07, 200	FLOATING RA	TE TRUS	Т								
FORM									OMB AP	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							MMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							ERSHIP OF	Estimated average		
Section 1	6.	SECURITIES						burden hours per			
Form 4 o Form 5									response	0.5	
obligatio	<b>n</b> o <b>*</b>						•	Act of 1934,			
may cont				•	<b>U</b>			935 or Section			
See Instr	uction	30(n) (	of the In	vestment	Company	Act	of 1940				
1(b).											
(Print or Type I	Responses)										
× 51	1										
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading       5. Relationship of Reporti         ASHTON HARRIS I       5. Relationship of Reporti							Reporting Perso	on(s) to			
ASHTON HARRIS J Symbol				KLIN FLOATING RATE							
						RATI		(Check	all applicable)	)	
			IRUSI	[XFFLX	.]						
(Last)	(First) (			f Earliest Ti	ransaction		_	_X Director Officer (give ti		Owner r (specify	
(Month/D ONE FRANKLIN PARKWAY 06/02/20				-			be	elow)	below)	(speeny	
UNE FRAN	005										
				nth/Day/Year) A				6. Individual or Joint/Group Filing(Check			
								Applicable Line) X_ Form filed by One Reporting Person			
	TO CA 04402 10	006						_ Form filed by Mo			
SAN MAT	EO, CA 94403-19	900					Pe	erson	1	C	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	ecurit	ies Acquii	red, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	e 2A. Deeme	ed	3.	4. Securitie	es Aca	uired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if any		Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Ownership	Indirect	
(Instr. 3)								Beneficially	Form:	Beneficial	
		(Month/Da	ay/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
								Reported	(I)	(111501. 4)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Shares of											
Beneficial	06/02/2005			<b>J</b> (1)	511.049	D	\$ 9.0279	0	D		
Interest							9.0279				

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;		Under Secur	unt 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		

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## **Reporting Owners**

Reporting Owner Name / Addre		Relationships							
		Director	10% Owner	Officer	Other				
ASHTON HARRIS J ONE FRANKLIN PARKV SAN MATEO, CA 94403-		Х							
Signatures									
/s/ Harris J. Ashton	06/03/2005								
<u>**</u> Signature of Reporting Person	Ι	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).

Exchanged for 457.254635 Class A shares of Franklin Floating Rate Daily Access Fund, one series of Franklin Investors Securities Trust,
(1) a registered open-end investment company of the management type, having a net asset value of \$10.09 per share, pursuant to a reorganization of Franklin Floating Rate Trust with and into Franklin Floating Rate Daily Access Fund, effective June 2, 2005.

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.