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GANDER MOU Form 4 October 09, 200											
								OMB A	PPROVAL		
FORM 4	UNITED	STATES		RITIES A			COMMISSION	N OMB Number:	3235-0287		
Check this bo if no longer				U U				Expires:	January 31,		
subject to Section 16. Form 4 or	STATEN	MENT OI	Estimated burden hou response	urs per							
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type Resp	oonses)										
1. Name and Address of Reporting Person <u>*</u> ERICKSON GERALD A			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
GA [GN				DER MOU N]	INTAIN	CO	(Check all applicable)				
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)				X_ DirectorX_ 10% Owner Officer (give title Other (specify below) below)						
4567 AMERIC WEST	567 AMERICAN BOULEVARD 09/27/2009 VEST					below)	below)				
(Street) 4. If Amendm Filed(Month/D MINNEAPOLIS, MN 55437					th/Day/Year) Applicable Line) _X_ Form filed b			Joint/Group Filing(Check One Reporting Person More than One Reporting			
MINNEAFOLI	15, IVIIN 55457						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	Transaction Date onth/Day/Year)		Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	````				
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities bene							
					inforn requii	nation cont red to respo ays a currer	pond to the colle ained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible s	Beneficially Owned securities)	I			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)	(Month/Day/	/Year)	(Instr. 3 and	4)	So (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (Right to Buy)	\$ 5.15	09/27/2009		Р	680,220		(2)	(2)	Common Stock	680,220	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner Officer		Other		
ERICKSON GERALD A 4567 AMERICAN BOULEVARD WEST MINNEAPOLIS, MN 55437	Х	Х				
Signatures						
/s/ W. Morgan Burns on behalf of Gerald A Erickson						
**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).
- (1) The reporting person disclaims beneficial ownership of the shares held by Holiday Stationstores, Inc. ("Holiday") except to the extent of the reporting person's economic interest in these shares.

On 9-27-2009, the Issuer's board approved a reverse stock split after which any shareholder holding less than one share will receive \$5.15 for each pre-split share. Holiday has agreed with the Issuer to fund a portion of these cash payments, and the Issuer has agreed to issue to

(2) Holiday shares equal to this funding amount divided by \$5.15. Holiday has the right, under certain conditions, to request the issuance of 680,220 of these shares prior to the effective date of the split. However, Holiday's right to receive the 680,220 shares can be terminated before it is exercised under specified circumstances by the Issuer or the special committee of the board.

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. ks:

All unit numbers and related prices have been adjusted to reflect Textron Inc.'s two-for-one Common Stock split which occurre 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.