International Coal Group, Inc. Form 3 June 02, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number:

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 1940

(Print or Type Responses)

1. Name and Add Person <u>*</u> Gaines Sta		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol International Coal Group, Inc. [ICO]					
(Last)	(First)	(Middle)	05/26/2006	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
1473 NORTH PALM BEAC	(Street)			(Check X_ Director Officer (give title below	Other		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Derivati	ive Securiti	es Bei	neficially Owned		
1.Title of Securit (Instr. 4)	ty		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
Common Stor	ck		10,000		D	Â			
Reminder: Repor owned directly or		ate line for ea	ch class of securities benefic	ially SI	EC 1473 (7-02	)			
	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.								
Та	ble II - Der	ivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Security	Security: Direct (D) or Indirect	

OMB APPROVAL

Expires:

response...

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

Shares

(I) (Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Addre</b>	ess	Relationships					
		Director	10% Owner	Officer	Other		
Gaines Stanley N 1473 NORTH OCEAN BLV PALM BEACH, FL 3348		X	Â	Â	Â		
Signatures							
/s/ Stanley N. Gaines 0.	05/26/2006						
<u>**</u> Signature of Reporting Person	Da	te					

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.