Edgar Filing: DEMING CLAIBORNE P - Form 4

DEMING C	CLAIBORNE P										
Form 4											
January 06,	2005							<u></u>			
FORM	$\mathbf{I} 4$ united	STATES	SECU	DITIES			E COMMISSION	т	PPROVA	L	
	UNITED	SIAILS		shington				Number:	3235-0	0287	
Check t			Expires:	January	y 31,						
if no lor subject		MENT OF	CHAN	NGES IN	FICIAL O	WNERSHIP OF	· ·	200			
Section				SECU	RITIES				Estimated average burden hours per		
Form 4 Form 5		~			a			response		0.5	
obligati	-						nge Act of 1934,				
may con	itinue.			•	•	ny Act of 1	of 1935 or Section	011			
<i>See</i> Inst 1(b).	ruction	50(11)		nvestmen	i Compa	ny net or i					
-(-)-											
(Print or Type	Responses)										
1 Nama and	Address of Deporting	Darson *	. .	N T	1		5 Polationship	of Doporting Do	ron(s) to		
	Address of Reporting CLAIBORNE P		2. Issue Symbol	er Name an	d Ticker o	r Trading	Issuer	of Reporting Fel	Reporting Person(s) to		
2 2000 10		-	RGY COI	RP/DE/	[ETR]						
(Last)	(First)	(Middle)		of Earliest T			(Check all applicable)				
(Last) (First) (Middle)				Day/Year)	Tansaction	L	XDirector10% Owner				
200 PEACH STREET			01/04/2	-			Officer (give title Other (specify below)				
	(Cture et)		4 10 4			,	below)	/			
	(Street)			endment, D onth/Day/Yea	-	al	6. Individual or . Applicable Line)	Joint/Group Fili	ng(Check		
			1 neu(m	Jilli/Day/100	u)		_X_ Form filed by				
EL DORA	DO, AK 71730						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativo	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	i	
1.Title of	2. Transaction Date			3.	4. Securi			6. Ownership	7. Nature	of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any		TransactionAcquired (A) or Code Disposed of (D)				Form: Direct (D) or Indirect	Indirect Beneficial	1	
(111501. 5)		(Month/Da	y/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		•	(D) or indirect (I)	Ownership		
								(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate lin	e for each cla	iss of sec	urities hene	ficially ou	med directly	or indirectly				
	port on a separate ini	e for each ch		andes bene	-	-	spond to the colle	ction of	SEC 1474		
					infor	mation cont	tained in this form ond unless the fo	n are not	(9-02)		

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. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr. 5)

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	Derivative Security				Acquir (A) or Dispos of (D) (Instr. 1 and 5)	sed 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 65.94	01/04/2005	A <u>(1)</u>		800		(1)	(1)	ETR Common	800	\$ 65.9

Reporting Owners

Reporting Owner Name / Address						
	Director	10% Owner	Officer	Other		
DEMING CLAIBORNE P 200 PEACH STREET EL DORADO, AK 71730	Х					
Signatures						
Christopher T. Screen for Claib Deming	oorne P.		01/06/20	005		
<u>**</u> Signature of Reporting Perso	on	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) Acquired under the Company's Service Recognition Program. Payment under this plan is made only in cash at the then market price following the termination of Board service. Initial five year vesting period has not yet been met.

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.