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Check this box if no longer subject to Section 16. Check this box								OMB Number: Expires: Estimated a burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type R	esponses)										
1. Name and Ad GALE WILI	Symbol	er Name and AS CORP [Гradin	g	5. Relationship of Reporting Person(s) to Issuer					
(Last) P.O. BOX 62 BLVD.	(Month/	3. Date of Earliest Transaction (Month/Day/Year) 07/17/2008				(Check all applicable) <u>X</u> Director 10% Owner <u>X</u> Officer (give title Other (specify below) Sr. VP & CFO					
CINCINNA	(Street) FI, OH 45262		4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed		4. Securi onAcquirec Disposed (Instr. 3,	ties l (A) o l of (D 4 and (A) or	or 9) 5)	5. Amount of Securities Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)		7. Nature of		
Common Stock	07/17/2008		Code V A	Amount 5,367	(D) A	Price \$ 0	28,501	D			
Common Stock							1,357	I	By 401(k) Plan		
Common Stock							308	Ι	By ESOP		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e s	Expiration Date (Month/Day/Year)		tle and unt of rrlying rities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Repo	rting C)wners	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerGALE WILLIAM CP.O. BOX 625737Sr. VP & CFO6800 CINTAS BLVD.Sr. VP & CFOCINCINNATI, OH 45262Sr. VP & CFO

Signatures

Mark A. Weiss, as Power of Attorney for William C. Gale	07/21/2008		
**Signature of Reporting Person	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) Restricted shares granted pursuant to Cintas Corporation's 2005 Equity Compensation Plan.

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.