#### REINHOLD LAWRENCE P

Form 4 May 27, 2009

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005 Estimated average

(specify

burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1(b).

(City)

| REINHOLD LAWRENCE P    |         |          | Symbol                          | Issuer                    |                         |  |  |
|------------------------|---------|----------|---------------------------------|---------------------------|-------------------------|--|--|
|                        |         |          | SYSTEMAX INC [SYX]              | (Check all application)   | all applicable)         |  |  |
| (Last)                 | (First) | (Middle) | 3. Date of Earliest Transaction | (C                        | ( see and approximately |  |  |
|                        |         |          | (Month/Day/Year)                | _X_ Director              | 10% Owner               |  |  |
| C/O SYSTEMAX INC.,, 11 |         |          | 05/22/2009                      | _X_ Officer (give title 0 | Other (speci            |  |  |

C/O SYSTEMAX INC... 11 HARBOR PARK DRIVE

> (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

below) below) Executive VP and CFO 6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

5. Relationship of Reporting Person(s) to

#### PORT WASHINGTON, NY 11050

(State)

(7:m)

1. Name and Address of Reporting Person \*

| (City)                 | (State)                              | Table Table                      | e I - Non-D      | erivative  | Secur     | rities Acq  | uired, Disposed o       | f, or Beneficial          | ly Owned              |
|------------------------|--------------------------------------|----------------------------------|------------------|------------|-----------|-------------|-------------------------|---------------------------|-----------------------|
| 1.Title of<br>Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if | 3.<br>Transactio | 4. Securi  |           |             | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |
| (Instr. 3)             |                                      | any                              | Code             | (Instr. 3, | 4 and     | 5)          | Beneficially            | (D) or                    | Beneficial            |
|                        |                                      | (Month/Day/Year)                 | (Instr. 8)       |            |           |             | Owned                   | Indirect (I)              | Ownership             |
|                        |                                      |                                  |                  |            |           |             | Following               | (Instr. 4)                | (Instr. 4)            |
|                        |                                      |                                  |                  |            | (4)       |             | Reported                |                           |                       |
|                        |                                      |                                  |                  |            | (A)       |             | Transaction(s)          |                           |                       |
|                        |                                      |                                  | Code V           | Amount     | or<br>(D) | Price       | (Instr. 3 and 4)        |                           |                       |
| Common<br>Stock        | 05/22/2009                           |                                  | P                | 1,000      | A         | \$<br>11.93 | 6,000                   | D                         |                       |

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

Persons who respond to the collection of SEC 1474 information contained in this form 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)

#### Edgar Filing: REINHOLD LAWRENCE P - Form 4

| 1. Title of Derivative | 2. Conversion                                     | 3. Transaction Date (Month/Day/Year) |                  | 4.<br>Transactio | 5.<br>orNumber  | 6. Date Exerc<br>Expiration D |                    | 7. Title at Amount of                  |                         | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|---|--------------------------------------|------------------|------------------|---|-------------------------------|--------------------|--|-------------------------|------------------------|---|
| Security (Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (monda, Day, Teal)                   | (Month/Day/Year) | Code (Instr. 8)  | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/                   |                    | Underlyin<br>Securities<br>(Instr. 3 a | ng<br>s                 | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |   |                                      |                  | Code V           | (A) (D)   | Date<br>Exercisable           | Expiration<br>Date | or<br>Title Nu<br>of                   | nount<br>umber<br>uares |                        |   |

# **Reporting Owners**

| Reporting Owner Name / Address             | Relationships |           |                      |       |  |  |  |  |
|--|---------------|-----------|----------------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer              | Other |  |  |  |  |
| REINHOLD LAWRENCE P                        |               |           |                      |       |  |  |  |  |
| C/O SYSTEMAX INC.,<br>11 HARBOR PARK DRIVE | X             |           | Executive VP and CFO |       |  |  |  |  |

## **Signatures**

/s/ Lawrence P.
Reinhold

\*\*Signature of Reporting

Date

PORT WASHINGTON, NY 11050

\*\*Signature of Reporting
Person

## **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).

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.

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