Edgar Filing: HEXCEL CORP /DE/ - Form 4

| HEXCEL C | ORP /DE/ | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------|-------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------|----------------------|--|
| Form 4 | | | | | | | | | | | |
| March 10, 20 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| Check this box | | | | | | | | OMB Number: | 3235-0287 | | |
| if no long | ~~~ | | | | | | | | Expires: | January 31, 2005 | |
| subject to STATEMENT OF CHAN Section 16. Form 4 or | | | IGES IN BENEFICIAL OWN SECURITIES | | | | NERSHIP OF | Estimated a burden hou response | average | | |
| Form 5 obligations may continue. See Instruction 1(b). 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) | | | | | | | | | | |
| MACINTYRE MICHAEL J Syn | | | | 2. Issuer Name and Ticker or Trading Symbol HEXCEL CORP /DE/ [HXL] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | Middle) | 3. Date of | f Earliest Tr | ansaction | | | (Check | k all applicable | ;) | |
| (M | | | (Month/Day/Year) 03/09/2006 | | | | | Director X Officer (give below) | | Owner er (specify | |
| | (Street) | | 4. If Ame | ndment, Da | te Origina | 1 | | 6. Individual or Jo | int/Group Filir | ng(Check | |
| Filed(Mon STAMFORD, CT 06901 | | | | nth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | | nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 03/09/2006 | | | М | 2,500 | А | \$ 3.13 | 4,817 | D | | |
| Common Stock | 03/09/2006 | | | S | 400 | D | \$ 20.46 | 4,417 | D | | |
| Common Stock | 03/09/2006 | | | S | 1,200 | D | \$ 20.44 | 3,217 | D | | |
| Common Stock | 03/09/2006 | | | S | 900 | D | \$ 20.4 | 2,317 | D | | |

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

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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.

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|-----------------------------------------------------------------|--------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amoun or Numbe of Shares |
| Non-Qualified Stock Option | \$ 3.13 | 03/09/2006 | | М | 2,500 | (1) | 01/06/2013 | Common Stock | 2,50 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------------------------------------------------------------|---------------|-----------|-----------|------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MACINTYRE MICHAEL J HEXCEL CORPORATION 281 TRESSER BLVD. STAMFORD, CT 06901 | | | Treasurer | | | | |
| Signatures | | | | | | | |
| /s/Michael J. MacIntyre by Setl Attorney-in-fact | n L. Kapla | an, | | 03/10/2006 | | | |

**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) This Non-Qualified Stock Option became vested with respect to one-third of the shares of Common Stock subject thereto on each of the first three anniversaries of the date of grant.

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.