Edgar Filing: KRUEGER KENNETH W - Form 4

KRUEGER	KENNETH W										
Form 4											
March 19, 2											
FORM	14 UNITED	CTATES (SECUI	DITIES A	ND EV		NCEO	OMMISSION		PROVAL	
-	UNITED	SIAILS		shington.			NGE C	OMMINISSION	OMB Number:	3235-0287	
Check th	is box		vv a	sinington	, D.C. 2 0	549				January 31,	
if no longer subject to STATEMENT OF CHAN				IGES IN	BENEFI	[CIA	LOW	NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHART				SECUR		-			Estimated average burden hours per		
Form 4 or							response 0.5				
Form 5	Filed pur	suant to Se	ection 1	6(a) of th	e Securit	ies E	xchange	e Act of 1934,			
obligatio may con				•	•	· ·		1935 or Section	l		
See Instr		30(h) o	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type]	Responses)										
(Time of Type)	(tesponses)										
1. Name and A	Address of Reporting	Person *	2. Issue	r Name and	Ticker or	Tradiı	ıg	5. Relationship of I	Reporting Pers	on(s) to	
KRUEGER KENNETH W Symbol								Issuer			
				TOWOC CO INC [MTW]				(Chark all applicable)			
(Last) (First) (Middle) 3. Date of			3. Date of	of Earliest Transaction				(Check all applicable)			
			(Month/E	nth/Day/Year)				_X_ Director	10%	Owner	
			03/17/2					Officer (give title Other (specify below)			
(Street) 4. If Ame Filed(Mon			4 TE A								
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			iitii/Day/1Ca	.)			Applicable Line) _X_ Form filed by One Reporting Person				
MANITOW	/OC, WI 54220							Form filed by Me Person	ore than One Rep	porting	
(City)	(Stata)	(7 in)									
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of	6. Ownership Form: Direct	7. Nature of Indirect Beneficial	
Security (Instr. 3)	(Month/Day/Year)	Execution l any	Date, 1f					Securities Beneficially			
(1150.5)		(Month/Day/Year)		(Instr. 8)				Owned	(D) or	Ownership	
			-		、 <i>、</i>			Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or	D :	(Instr. 3 and 4)			
Common				Code V	Amount 3.6231	(D)	Price \$				
Stock	03/17/2008			А	(1)	А	, 39.16	22,262.2379	D		
Stoon					_		0,110				

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

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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		Transac Code (Instr. 8)	ionNuml of	vative rities uired or	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative	9. Nu Deriv Secu Bene Owno Follo Repo Trans
					of (D							(Instr
					(Instr	·						(IIISti
					4, and							
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KRUEGER KENNETH W 2400 SOUTH 44TH STREET MANITOWOC, WI 54220	Х							
Signatures								
Maurice D. Jones, Power of Attorney		03/19/2008	3					
<u>**</u> 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) Includes amount and purchase price of common stock units acquired in an exempt transaction pursuant to dividend reinvestment provisions of the Deferred 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.