Edgar Filing: HOFMANN THOMAS W - Form 4

| HOFMANN | THOMAS W | | | | | | | | | |
|--|---------------------|--|---------------------|---|--------|---------------------------------------|--|--|------------------------|--|
| Form 4 | | | | | | | | | | |
| June 10, 200 |)5 | | | | | | | | | |
| | | | | | | | | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check th | | | 8 | | | | | Expires: | January 31, | |
| if no long subject to | HANGES IN | IGES IN BENEFICIAL OWNERSHIP OF | | | | • | 2005 | | | |
| Section 1 | SECUR | SECURITIES | | | | Estimated average burden hours per | | | | |
| Form 4 c | or | | | | | | | response 0.5 | | |
| Form 5 | Filed pur | suant to Sect | tion 16(a) of th | e Securi | ties E | Exchange | Act of 1934, | | | |
| obligatio may cont | | | | | | | 1935 or Section | | | |
| See Instr 1(b). | | 30(h) of t | the Investment | Compai | ny Ac | ct of 1940 | | | | |
| (Print or Type] | Responses) | | | | | | | | | |
| HOFMANN THOMAS W Symbol | | | mbol |] | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | OCO INC [SUN] | | | | (Check all applicable) | | |
| (Last) | (First) (1 | | Date of Earliest Tr | ransaction | | | | | | |
| 1801 MARKET STREET 06/10/2 | | | onth/Day/Year) | - | | | Director _X Officer (give t | | Owner r (specify | |
| | | | /10/2005 | /2005 <u></u> below) | | | | below) | | |
| | | | | | | | Sr. V.P. & | Chief Fin. Off | ïcer | |
| | | | f Amendment, Da | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | ed(Month/Day/Year | | | | | plicable Line) _ Form filed by One Reporting Person | | |
| | | 1.00 | | | | - | _X_ Form filed by Or Form filed by Mo | | | |
| PHILADEL | LPHIA, PA 19103 | -1699 | | | | Ī | Person | | 0 | |
| (City) | (State) | (Zip) | Table I - Non-I | Derivative | Secu | rities Acqui | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of | 2. Transaction Date | | 3. | 1 . | | | | 6. | 7. Nature of | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Dat any | | Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | Securities Beneficially | Ownership Form: | Indirect Beneficial | |
| (IIIsu. <i>5)</i> | | (Month/Day/Y | | | | | Owned | Direct (D) | Ownership | |
| | | | | | | | Following | or Indirect | (Instr. 4) | |
| | | | | | (A) | | Reported | (I) (In str. 4) | | |
| | | | | | or | | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| C | | | Code V | Amount | (D) | Price | (| | | |
| Common Stock | 06/10/2005 | | S | 5,000 | D | \$ 108.815 | 25,641 | D | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day/ e | 5. Date Exercisable and Expiration Date Month/Day/Year) | | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---------------------------------------|---|----------------------------------|---|-------|---|---|--|
| | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| HOFMANN THOMAS W 1801 MARKET STREET PHILADELPHIA, PA 19103-1699 | | | Sr. V.P. & Chief Fin. Officer | | | | | |
| Signatures | | | | | | | | |
| John J. DiRocco, Jr., Attorney-in-fa Hofmann | ct for The | omas W. | 06/10/2005 | | | | | |
| <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).

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.