Edgar Filing: SM&A - Form 4

SM&A

| Form 4 | | | | | | | | | | | |
|--|--|---|---------------------------------|--|----------------|--------|--|---|------------------|------------------------|--|
| January 04, 2 | 2008 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| | UNIII | ED STATES | | ATTIES A shington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 o | F CHANGES IN BENEFICIAL OWNERSHI SECURITIES | | | | | | Expires: Estimated a burden hou response | irs per | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ^{ns} inue. Section | 17(a) of the | | ility Hold | ling Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| RODIN ROBERT Sy | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol SM&A [WINS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| (Last) 4695 MACA FLOOR | ARTHUR CO | . , | (Month/D 01/02/20 | ay/Year) | ansaction | | | X Director Officer (give below) | | b Owner er (specify | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| NEWPORT | BEACH, CA | 92660 | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | Securi | ties Aco | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | | . Transaction Date 2A. Deemed Month/Day/Year) Execution Date any (Month/Day/Ye | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 01/02/2008 | | | А | 864 <u>(1)</u> | А | \$ 5.79 | 864 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | Expiration D (Month/Day/ e | 6. 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 Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|----------------------------------|--|-------|---|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| RODIN ROBERT 4695 MACARTHUR COURT 8TH FLOOR NEWPORT BEACH, CA 92660 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Irma Y. Eggert, by Power of Attorney | | 01/04/20 | 08 | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| Evaluation of Beenenees | | | | | | | | |

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) These shares are issued pursuant to Amendment 2 dated March 7, 2007 of the Director 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.