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Foster Dona Form 4												
November 1										OMB AF	PROVAL	
FORM	/1 4 UNITED S	STATES						NGE C	OMMISSION	OMB	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or		ENT OF		shington IGES IN SECU	Number: Expires: Estimated a burden hour response	January 31 2005 Iverage						
Form 5 obligation may com <i>See</i> Instr 1(b).	ons Section 17(a nuction	a) of the P	ublic U	tility Ho	olding	Con	npan	•	Act of 1934, 1935 or Section 0			
(Print or Type	Responses)											
Foster Donald L Symbol				er Name and Ticker or Trading				0	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		FOSTER L B CO [FSTR] 3. Date of Earliest Transaction (Chec						(Check	ck all applicable)		
(Mont				onth/Day/Year) /08/2005					Director 10% Owner X Officer (give title Other (specify below) below) Sr. V.P.			
Filed(Month/Day/Year) Applicable Line)							Applicable Line)	oint/Group Filing(Check One Reporting Person				
PITTSBUR	RGH, PA 15220								Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Non	-Deriv	ative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transact Code (Instr. 8) Code	tion(A) (Ins)	or Di tr. 3, -			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/08/2005			М	2,0	00	А	\$ 8.01	2,000	D		
Common Stock	11/08/2005			S	1,0	00	D	\$ 13.25	1,000	D		
Common Stock	11/08/2005			S	1,0	00	D	\$ 13.255	0	D		
Common Stock	11/09/2005			А	2,6	23	A	\$ 8.01	2,623	D		
Common Stock	11/09/2005			М	2,6	23	D	\$ 13.25	0	D		

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Common Stock	11/10/2005	А	50	А	\$ 8.01	50	D
Common Stock	11/10/2005	М	50	D	\$ 13.3	0	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)

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. 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Buy	\$ 8.01	11/08/2005		М	2,000	10/21/2004(1)	10/20/2014	Common Stock	2,000
Option to Buy	\$ 9.3					06/13/2006(2)	12/12/2014	Common	15,000
Option to Buy	\$ 9.29					02/16/2005(3)	02/15/2015	Common	10,000
Option to Buy	\$ 8.01	11/09/2005		М	2,623	10/21/2004(1)	10/20/2014	Common	2,623
Option to Buy	\$ 8.01	11/10/2005		М	50	10/21/2004(1)	10/20/2014	Common	50

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Foster Donald L							
415 HOLIDAY DRIVE			Sr. V.P.				
PITTSBURGH, PA 15220							

Signatures

Donald L. Foster

<u>**</u>Si

Repor

11/10/2005

gnature of	
ting 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) 25% becomes exercisable on 10/21/05 and an additional 25% becomes exercisable on each of the next three anniversaries.
- (2) 25% becomes exercisable on 6/13/06 and an additional 25% becomes exercisable on each of the next three anniversaries.
- (3) 25% becomes exercisable on 2/16/06 and an additional 25% becomes exercisable on each of the next three anniversaries.
- (4) Intentionally left blank

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.