#### Edgar Filing: RULSEH JAMES R - Form 4

RULSEH JA	MES R										
Form 4 January 21, 2	009										
FORM	4								OMB A	PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no long	or								Expires:	January 31 2005	
subject to Section 16. Form 4 or			F CHAN	GES IN I SECUR		CIA.	LOW	NERSHIP OF	Estimated average burden hours per response		
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 1	7(a) of the		ility Hold	ling Com	ipany	Act of	e Act of 1934, f 1935 or Section 40	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> RULSEH JAMES R			2. Issuer Name <b>and</b> Ticker or Trading Symbol MODINE MANUFACTURING CO					5. Relationship of Reporting Person(s) to Issuer			
			[MODIN	EMANU	JFACIU	KIN	300	(Chec	k all applicable	2)	
(Last) (First) (Middle) 1500 DEKOVEN AVE. (Street)			3. Date of Earliest Transaction (Month/Day/Year) 01/16/2009					Director 10% Owner X Officer (give title Other (specify below) Regional VP - Americas			
			4 If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
RACINE, W				th/Day/Year	-			Applicable Line) _X_ Form filed by C		erson	
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Gecurity(Month/Day/Year)Execution Date, ifTraInstr. 3)anyCo		Transactio Code	Transaction(A) or Disposed of			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/16/2009			F	278 <u>(1)</u>	D	\$ 3.9	25,054 <u>(2)</u>	D		
Common Stock	01/17/2009			F	219 <u>(1)</u>	D	\$ 3.9	24,835 <u>(2)</u>	D		
Common Stock	01/18/2009			F	236 <u>(1)</u>	D	\$ 3.9	24,599 <u>(2)</u>	D		
Common Stock	01/20/2009			F	236 (1)	D	\$ 3.43	24,363 <u>(2)</u>	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exerce Expiration Date		7. Title Amoun		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(monu, Day) (car)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Underly Securit	ying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
RULSEH JAMES R			Regional				
1500 DEKOVEN AVE.			VP -				
RACINE, WI 53403			Americas				
Signatures							

### Signatures

Margaret C. Kelsey, Attorney in Fact

\*\*Signature of Reporting Person

01/21/2009

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) Shares disposed of in a private transaction to cover tax withholding.
- (2) This total includes 1,026 units of Modine common stock held in the Reporting Person's Modine 401(k) Retirement Plan account and 34 units of Modine common stock held in the Reporting Person's Deferred Compensation Plan account.

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.