JOYCE KEVERN R Form 4/A

FORM 4

June 04, 2009

OMB APPROVAL

5. Relationship of Reporting Person(s) to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or January 31,
CES IN RENEFICIAL OWNERSHIP OF

Expires: 2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

COMMON

STOCK

06/01/2009

(Print or Type Responses)

Name and Address of Reporting Person *

JOYCE KE	VERNK	Symbol	Symbol AZZ INC [AZZ]			(Check all applicable)			
		AZZ INC							
(Last)	(First) (Mic	ddle) 3. Date of I	Earliest Tra	nsaction					
		(Month/Da	y/Year)		_X_ Director	10%	Owner		
ONE MUSI	EUM PLACE, SUIT	ΓE 06/01/20	09		Officer (give		er (specify		
500, 3100 V	VEST 7TH STREE				below)	below)			
	(Street)	4. If Amen	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
		Filed(Month	n/Day/Year)		Applicable Line)				
		06/04/200	09		_X_ Form filed by C	1 0			
FORT WO	RTH, TX 76107				Form filed by M Person	ore than One Re	porting		
(City)	(State) (Z	ip) Table	I - Non-De	erivative Securities Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transacti	or(A) or Disposed of (D)	Securities	Ownership	Indirect		
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form:	Beneficial		
		(Month/Day/Year)	(Instr. 8)		Owned	Direct (D)	Ownership		
					Following	or Indirect	(Instr. 4)		
				(A)	Reported	(I)			
				or	Transaction(s)	(Instr. 4)			
			C 1 37		(Instr. 3 and 4)				

Code V Amount (D)

1,451

D

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.

SEC 1474

(9-02)

29,605

D

Price

36.78

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: JOYCE KEVERN R - Form 4/A

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A 4		
									Amount		
						Date Exercisable	Expiration Date	Title Numbe			
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

JOYCE KEVERN R ONE MUSEUM PLACE, SUITE 500 3100 WEST 7TH STREET FORT WORTH, TX 76107



Signatures

DANA PERRY 06/04/2009

**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).

Remarks:

ITEM 3 TRANSACTION CODE WAS PREVIOUSLY REPORTED AS "P". THIS FILING REFLECTS THE CORRECT C

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.

Reporting Owners 2