Edgar Filing: ROSEN SAM - Form 4/A

ROSEN SAM												
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June 10, 2009												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this b									Expires:	January 31,		
if no longer subject to	STAT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (NERSHIP OF	Estimated average			
Section 16.		SECURITIES							burden hours per			
Form 4 or								response	response 0.5			
Form 5 obligations		^					•	e Act of 1934,				
may continu	e. Section			•	• •	•		1935 or Section	n			
See Instruct	ion	30(h)) of the Inve	estment Co	ompany	Act	of 194	0				
1(b).												
(Print or Type Res	ponses)											
ROSEN SAM Symbol				uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			AZZ INC	AZZ INC [AZZ]					(Check all applicable)			
(Last)	(First)	st) (Middle) 3. Date of Earliest Transaction					(Cneck all applicable)					
				Month/Day/Year)				X Director	10%	Owner		
ONE MUSEU	M PLACE	, SUITE	06/04/200	9				Officer (give below)	title Othe below)	r (specify		
500, 3100 WE	ST 7TH ST	FREET						below)	Delow)			
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
F			Filed(Month/	Filed(Month/Day/Year)					Applicable Line)			
06/03				9				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
FORT WORT	H, TX 7610	07						Person		porting		
(City)	(State)	State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								y Owned		
1.Title of Security (Instr. 3)	2. Transactic (Month/Day	any	Deemed htion Date, if th/Day/Year)	3. Transactic Code (Instr. 8)	Disposed (Instr. 3,	d (A) of d of (D 4 and (A) or)	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				Code V		(D) D						
STOCK	06/04/200	9		D	61 <u>(1)</u>	<u>(1)</u>	<u>(1)</u>	20,170 <u>(1)</u>	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

 Reporting Owner Name / Address
 Relationship

 Director
 10% Owner
 Officer
 Other

 ROSEN SAM ONE MUSEUM PLACE, SUITE 500 3100 WEST 7TH STREET FORT WORTH, TX 76107
 X
 X
 V
 V
 V
 V

 Signatures
 06/10/2009
 V
 V
 V
 V
 V
 V

 **Signature of
 Date
 Date
 V
 V
 V
 V
 V

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) THIS FORM 4A FILED TO CORRECT TOTAL SHARES ISSUED AND OUTSTANDING. ITEM 5 AMOUNT OF SECURITIES BENEFICIALLY OWNED FOLLOWING REPORTED TRANSACTION(S) SHOULD BE 20,170.

Remarks:

Reporting Person

THIS FORM 4A WAS FILED TO CORRECT AN ERROR IN AMOUNT OF SECURITIES ISSUED AND BENEFICIALLY

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.