## Edgar Filing: Stroup John S - Form 4

Stroup John S	5									
Form 4 October 04, 2	007									
								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe						Expires:	January 31, 2005			
subject to STATEMENT OF CHANGES				ES IN BENEFICIAL OWNERSHIP OF ECURITIES					Estimated average burden hours per	
Form 4 or		Sheemins						response 0.5		
Form 5 obligation		uant to Section				-				
may conti	nue. Section 17(a	a) of the Public 30(h) of the	•	•	• •		1935 or Section	1		
See Instru- 1(b).	ction	50(II) 01 the	liivestillent	Company	y Act	01 194	0			
(Print or Type R	esponses)									
1. Name and Ad Stroup John	uer Name <b>and</b> Ticker or Trading I DEN INC. [BDC]				5. Relationship of Reporting Person(s) to Issuer					
BELDE					(Check all applicable)					
(Last) (First) (Middle) 3. Date of				ansaction			X_ Director 10% Owner			
7701 FORSYTH BOULEVARD, 10/03/20			h/Day/Year) 5/2007				X Officer (give title Other (specify			
SUITE 800					below) below) Chief Executive Officer					
(Street) 4. If Amer			nendment, Da	ndment, Date Original			6. Individual or Joint/Group Filing(Check			
	lonth/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person					
ST. LOUIS,	MO 63105						Form filed by M Person			
(City)	(State) (	Zip) Ta	ble I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	Code r) (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D)	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)	
Restricted	10/02/2007		Code V	Amount 145.53	(D)	Price \$		D		
Stock Units	10/03/2007		А	(1)	A	52.23	227,161.43	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
			10% Owner	Officer	Other			
Stroup John S 7701 FORSYTH BOULEVARD, S ST. LOUIS, MO 63105	SUITE 800	Х		Chief Executive Officer				
Signatures								
/s/John S. 10/04/ Stroup	/2007							

<u>\*\*</u>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).

These shares represent the dividend equivalent that would have been paid on the number of shares of common stock equal to the number of restricted stock units (RSUs) Mr. Stroup received at the time of his employment with the Company, plus prior dividend equivalents accruing on such RSUs. All such dividend equivalents credited to Mr. Stroup shall be added to and thereafter be treated as RSUs under

his employment agreement. As RSUs, these dividend equivalents are subject to vesting, forfeiture and termination in accordance with the terms of his employment agreement.

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.