Edgar Filing: KNICELY HOWARD V - Form 4

| KNICELY H | OWARD V | | | | | | | | | | |
|--|---|---|--|---|-----------------|------------------------|--|---|------------------|---|--|
| Form 4 | | | | | | | | | | | |
| May 27, 2009 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMMISSION | | PPROVAL | |
| Check this | SIAILS | | hington, | | 201011011551011 | OMB Number: | 3235-0287 | | | | |
| if no long subject to Section 16 Form 4 or | er STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires:January 31Expires:200Estimated averageburden hours perresponse0.4 | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> KNICELY HOWARD V | | | 2. Issuer Name and Ticker or Trading Symbol AGILYSYS INC [AGYS] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | (Check all applicable) | | | | | |
| (Last) (First) (Middle) 18105 WINDSWEPT CIRCLE | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2009 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| CHAGRIN I | FALLS, OH 4402 | 23 | | | | | | Form filed by M Person | Iore than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) | Transaction(A) or Disposed of Code (D) | | | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| shares without par value (1) | 05/22/2009 | | | А | 11,713 | А | \$0 | 30,927 | 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) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | | |
|---|----------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| KNICELY HOWARD V 18105 WINDSWEPT CIRCLE CHAGRIN FALLS, OH 44023 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Kathleen A. Weigand by power of attorney for Howard V. Knicely | | | | | | | |
| | | | | | | | |

**Signature of Reporting Person

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) Restricted shares vest on March 31, 2010.

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.

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Date