## Edgar Filing: CROWE JOHN B - Form 4

CROWE JO	HN B											
Form 4												
June 17, 201												
FORM	14 UNITED	STATES	SECU	DITIES A	ND EV	CILA	NCEC	OMMISSION		PROVAL		
	- UNITED	SIAIES		shington,			INGE C	UNINIIS5IUN	OMB Number:	3235-0287		
Check th	nis box		vv a	sinington	, <b>D.C. 2</b> (	547				January 31,		
if no lon		MENT O	F CHAN	IGES IN	BENEF	ICIA		NERSHIP OF	Expires:	2005		
subject to Section	0			SECUR		101			Estimated a			
Form 4 c									burden hours per response 0.5			
Form 5	Filed put	rsuant to S	Section 1	6(a) of th	e Securi	ties E	Exchange	e Act of 1934,				
obligatio may con		(a) of the l	Public U	tility Hol	ding Cor	npan	y Act of	1935 or Section	ı			
See Instr		30(h)	of the Ir	vestment	Compar	ny Ao	ct of 194	0				
1(b).												
	<b>D</b>											
(Print or Type)	Responses)											
1 Name and A	Address of Reporting	Person *	<b>2</b> Iagua	n Nama and	I Tialian an	Tradi		5 Relationship of	Reporting Pers	on(s) to		
CDOWE JOIN D			2. Issue Symbol	r Name <b>and</b>		Tradi	ing	5. Relationship of Reporting Person(s) to Issuer				
			•	S INDUS	TRIES I	NC [	MYEI					
(Lest)	Meddle	3. Date of Earliest Transaction					(Check all applicable)					
				f Earliest Ti Day/Year)	ransaction			_X_ Director 10% Owner				
			06/15/2	•				Officer (give title Other (specify				
12/0 0001			00/13/2	.011				below)	below)			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Year	r)			Applicable Line)	na Danastina Da			
AVDON	H 44201							_X_ Form filed by O Form filed by M				
AKRON, O	л 44301							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date	e 2A. Deen	1					5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)							Securities	Ownership	Indirect		
(Instr. 3) any			Code (Instr. 3, 4 and 5) $(U_{1}, V_{2}, V_{3}, V_{4}, V_{5}, V_$					Beneficially	Form: Direct Benefit			
		(Month/D	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
						( )		Reported	(Instr. 4)	(mout t)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	06/15/2011			Р	900	А	\$	7,900	D			
Stock	00/15/2011			-	200	11	9.7054	7,500	D			
Common	06/11/2/0011			D	100		ф 0 <b>7</b> 1	0.000	D			
Stock	06/15/2011			Р	100	А	\$ 9.71	8,000	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. Transacti Code (Instr. 8)	5. 6. Date Exercisable at onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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>		Relationsh				
	Director	10% Owner	Officer	Other		
CROWE JOHN B 1293 SOUTH MAIN STREET AKRON, OH 44301	Х					
Signatures						
/s/ Megan L. Mehalko pursuant	to POA d	lated 4/30/09	and file	d		
5/4/09					06/17/2011	
**~						

\*\*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).

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.

Date