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UNITED PAN EUROPE COMMUNICATIONS NV Form 3 July 11, 2001

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U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 of Section 30(f) of the Investment Company Act 1940

1.Name and Addre	ess of Reporting I Miranda	Person*	2.Date of Event Requiring Statement (Month/Day/Year) 	1	r Name and Tick d Pan-Europe Co	
(Last)	(First)	(MI)	 05/17/01 		ionship of Repo r (Check all Ap	
	1 1 100			X Dire 	ctor	10% Owr
(Street)	eskestraat 123 		3.IRS Identification Number of Reporting Person, if an entity (voluntary) 		_	Other (speci below)
Amsterdam	The Netherlands	1076EE	 			
(City)	(State)	(Zip)	 TABLE I - Non-Deri	vative S	ecurities Benef	icially C
 1.Title of Secur 	rity (Instr. 4)		2.Amount of Securitie Beneficially Owned (Instr. 4) 		3.Ownership Form: Direct (D) or Indirect (I)(Instr.5)	•
 No securities ow	med	l		l	 	

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Reminder: Report on a separate line for each class securities owned directly or indirectly. *If the form is filed by more than one reporting person, see Instruction 5(b)(v).

FORM 3 (continued)

TABLE II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible secur

			ts, calls, warrants, 		
1.Title of Derivative Security (Instr. 4) 	2.Date Exercisable and Expiration Date (Month/Day/Year)		3.Title and Amount of Underlying Derivative Security (Instr. 4)		4.Conve Exerc of De Secur
		 Expiration Date	 Title	Amount or Number of Shares	- - -
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Explanation of Responses:

**Intentional misstatements or omissions of facts constitute Federal /s/ Miranda Curtis Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

**Signature of

Note: File three copies of this form, one of which must be manually signed. Miranda Curtis If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMD Number.