BURRIS JERRY W

Form 4

January 20, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Director

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average burden hours per

10% Owner

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

BARNES GROUP INC [B]

3. Date of Earliest Transaction

(Month/Day/Year)

Symbol

(Middle)

1(b).

(Last)

(Print or Type Responses)

BURRIS JERRY W

1. Name and Address of Reporting Person *

(First)

BARNES (STREET	GROUP INC., 123	3 MAIN 01/19/2	2011	below)	_X_ Officer (give title Other (specify below) VP-BGI; President, PC			
	(Street)	4. If Amo	endment, Date Original	6. Individual o	6. Individual or Joint/Group Filing(Check			
BRISTOL,	, CT 06010	Filed(Mo	onth/Day/Year)	_X_ Form filed l	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tab	ole I - Non-Derivative Securiti	es Acquired, Disposed	l of, or Benefici	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acqu Transaction(A) or Disposed or Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/19/2011		F 2,494 D \$).04 76,006 <u>(1)</u>	D			
Common Stock				143.8596	I	By Company's Employee Stock Purchase Plan		
Common Stock				3,455.642	I	By Company's 401(k) Plan		

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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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	Date Exer	cisable and	7. Title	and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctionNumber	Expiration D	ate	Amount	t of	Derivative
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underly	ing	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) Derivati	ve		Securiti	es	(Instr. 5)
	Derivative				Securitie	es		(Instr. 3	and 4)	
	Security				Acquire	1				
	·				(A) or					
					Dispose	1				
					of (D)					
					(Instr. 3.					
					4, and 5)				
								A	Amount	
						Date	Expiration	0		
						Exercisable	Date	Title	Number	
						2.1010184010		o		
				Code	V (A) (D)		S	hares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BURRIS JERRY W BARNES GROUP INC. 123 MAIN STREET BRISTOL, CT 06010

VP-BGI; President, PC

Signatures

Monique B. Marchetti, pursuant to a Power of Attorney

01/20/2011

**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).
- (1) Includes a balance of 1998 restricted stock units from 2/14/07 grant, 32500 from 2/10/09 grants, and 17800 from 2/8/10 grant, that are subject for forfeiture if certain events occur.

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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