## Edgar Filing: CERIDIAN CORP /DE/ - Form 4

CERIDIAN (	CORP /DE/									
Form 4										
May 05, 2000	6									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PROVAL	
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287	
Check thi if no long	er							Expires:	January 31,	
subject to	SIATEN/	IENT OF CH			<b>CIA</b>	LOW	NERSHIP OF	Estimated a	2005 verage	
Section 1			SECUR	SECURITIES				burden hours per		
Form 4 or Form 5			-1((-)-64b	. C	F		- A - + - £ 1024	response	0.5	
obligation	<b>1</b> 0					-	e Act of 1934,			
may conti	inue. Section 17(3		ne Investment	•	· ·		1935 or Section	1		
See Instru 1(b).	iction	50(II) 01 U	ie investment	Compan	y At	101194	-0			
1(0).										
(Print or Type R	Responses)									
	ddress of Reporting	Person $\stackrel{*}{=}$ 2. 1	Issuer Name <b>and</b>	Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
LEWIS GEO	ibol									
CERIDI			RIDIAN COR	P /DE/ [	CEN	[]				
(Last) (First) (Middle) 3. Date of			ate of Earliest Tr	f Earliest Transaction			(Check an applicable)			
236 SOUTH LAKE DRIVE 05/04/20 (Street) 4. If Amer			nth/Day/Year)	Day/Year)			X Director		Owner	
			04/2006				Difficer (give title Other (specify below) below)			
			Amendment, Da	ndment, Date Original			6. Individual or Joint/Group Filing(Check			
			d(Month/Day/Year)	)			Applicable Line)			
					_X_Form filed by One Reporting Person Form filed by More than One Reporting					
STAMFORI	D, CT 06903						Person		1 0	
(City)	(State)	(Zip)	Table I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3.	1			5. Amount of Securities	6. Ownership		
Security	(Month/Day/Year)		f Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		any (Month/Day/Y		(11180.5,4	4 anu	3)	Beneficially Owned	Indirect (I)	Ownership	
		× J	, , ,				Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
0			Code V	Amount	(D)	Price	(insur o una T)			
Common	05/04/2006		М	4,040	А	\$	23,087	D		
Stock						17.54				

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)

## Edgar Filing: CERIDIAN CORP /DE/ - Form 4

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)	onof De Secur Acqu (A) o Dispo (D)	rities fired fr cosed of c. 3, 4,	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Employee Stock Option (Right to Buy)	\$ 17.54	05/04/2006		М		4,040	11/08/1996 <u>(1)</u>	05/08/2006	Common Stock	4,040

## **Reporting Owners**

Reporting Owner Name / Address								
	Director	10% Owner	Officer	Other				
LEWIS GEORGE R 236 SOUTH LAKE DRIVE STAMFORD, CT 06903	Х							
Signatures								
/s/ William E. McDonald, Attorney-in-fact	05/05/2006							
**Signature of Reporting Person		D	ate					

## **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) Option fully vested on this date.

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.