## Edgar Filing: NELSON GARY M - Form 4

NELSON GA	ARY M										
Form 4											
February 02,	2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITE	ED STATES					NGE (	COMMISSION	ONID	3235-0287	
Check thi	s box		Was	hington,	D.C. 20	549			Number:		
if no long	er.								Expires:	January 31, 2005	
subject to STATEMENT OF CHA				NGES IN BENEFICIAL OW				NERSHIP OF	Estimated average		
Section 1		SECURITIES							burden hours per		
Form 4 or Form 5			с · · · ·		<b>c</b>		1	A ( C1024	response	0.5	
obligation	10	<b>^</b>					•	ge Act of 1934,			
may conti				•	•			f 1935 or Sectio	n		
See Instru	iction	50(II)	of the In	vestment	Compan	y Aci	1 01 194	40			
1(b).											
(Print or Type R	Responses)										
1. Name and A	2. Issuer Name and Ticker or Trading				ıg	5. Relationship of Reporting Person(s) to					
NELSON G	ARY M		-	Symbol				Issuer			
	CERIDI	CERIDIAN CORP /DE/ [CEN]					(Check all applicable)				
(Last)					11 /						
	(Month/D	(Month/Day/Year)				Director 10% Owner					
C/O CERIDIAN			01/31/2005					X_ Officer (give title Other (specify below) below)			
	ΓΙΟΝ, 3311 E	EAST OLD						· · · · · · · · · · · · · · · · · · ·	P & Secretary		
SHAKOPE	EROAD										
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	Filed(Month/Day/Year)					Applicable Line)		
								_X_ Form filed by	One Reporting Pe More than One Re		
MINNEAPO	DLIS, MN 554	425						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	med 3. 4. Securities Acquired					5. Amount of	7. Nature of		
Security	(Month/Day/Y	ear) Execution	on Date, if Transaction(A) or Disposed of					Securities	Form: Direct		
(Instr. 3)		any	Code (D)					Beneficially		Beneficial	
(Мо			n/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(IIIstr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$	(1)			
Stock	01/31/2005			F	2,023	D	17.7	15,601 <u>(1)</u>	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)

## Edgar Filing: NELSON GARY M - 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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
Treporting 0 with	Director	10% Owner	Officer	Other					
NELSON GARY M C/O CERIDIAN CO 3311 EAST OLD S MINNEAPOLIS, M			EVP & Secretary						
Signatures									
/s/Gary M. Nelson	02/02/2005								
<u>**</u> 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 338 shares of common stock acquired from March 2004 through September 2004 under the Ceridian Corporation Amended and Restated Employee Stock Purchase Plan at various prices ranging from \$16.08 to \$16.66 in transactions exempt under Rule 16b-3(c).

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.