

ALTIRIS INC  
Form 3  
August 07, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Christensen Craig H		(Month/Day/Year)	ALTIRIS INC [ATRS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		07/26/2006		
C/O ALTIRIS, INC.,Â 588 WEST 400 SOUTH			(Check all applicable)	
	(Street)		<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			VP and General Counsel	
LINDON,Â UTÂ 84042				6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	23,483	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

## Edgar Filing: ALTIRIS INC - Form 3

		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Option to buy Common Stock	02/24/2005	07/20/2014	Common Stock	12,500	\$ 22.53	D	Â
Option to buy Common Stock	02/24/2006 <sup>(1)</sup>	05/18/2015	Common Stock	12,500	\$ 18.9	D	Â
Option to buy Common Stock	02/08/2007 <sup>(1)</sup>	02/08/2016	Common Stock	8,750	\$ 17.55	D	Â
Option to buy Common Stock	02/22/2003 <sup>(2)</sup>	02/22/2012	Common Stock	8,125	\$ 7.5	D	Â
Option to buy Common Stock	01/28/2004 <sup>(3)</sup>	01/28/2013	Common Stock	25,000	\$ 13.08	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Christensen Craig H C/O ALTIRIS, INC. 588 WEST 400 SOUTH LINDON, UT 84042	Â	Â	Â VP and General Counsel	Â

## Signatures

Craig H.  
Christensen

08/07/2006

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The option vests as to 1/3 of the shares subject to the option annually, beginning on the Date Exercisable.
- (2) The option vested as to 1/4 of the shares subject to the option on the Date Exercisable and 1/48th of the shares vested each month thereafter.
- (3) The option vests as to 1/4 of the shares subject to the option annually, beginning on the Date Exercisable.

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.