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

CERIDIAN	CORP /DE/										
Form 4	2006										
December 1											
FORM	<b>14</b> UNITED	STATES	SECU	RITIES A	ND EX(	CHA	NGE C	OMMISSION		PROVAL	
	CIGILD			shington,					Number:	3235-0287	
Check this box if no longer				<u> </u>					Expires:	January 31,	
subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated a	2005 verage	
									burden hou	rs per	
Form 5		rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	response	0.5	
obligatio may cont	ns Section 170						•	1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type I	Responses)										
1 Name and A	Address of Reporting	Damon *	<b>.</b> .			- ··		5 Delationship of	Doporting Dorg	on(s) to	
Severson Re			2. Issue Symbol	r Name <b>and</b>	l licker or	Tradir	ıg	5. Relationship of Reporting Person(s) to Issuer			
			•	DIAN CORP /DE/ [CEN]				(Check all applicable)			
				f Earliest Tr	ansaction						
				Day/Year)				Director 10% Owner			
C/O CERIE			12/18/2	.006				X Officer (give below)	below)	er (specify	
SHAKOPE	TION, 3311 EAS E ROAD	STOLD						Sr. VP, Co	rporate Techno	ology	
5111 HIGT L	(Street)		1 If Ame	andment Da	te Original			6 Individual or Io	int/Group Filin	or (Check	
· / / ·····				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
		_						_X_ Form filed by O Form filed by M			
MINNEAP	OLIS, MN 55425	5						Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative S	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		1				5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, if	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(1100.0)		(Month/Day/Y							(D) or	Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A) or		Transaction(s)	(111541. 1)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	12/18/2006			М	40,000	А	\$	50,071	D		
Stock							18.61				
Common	12/18/2006			S	20,000	D	\$	30,071	D		
Stock							26.39				
Common	12/18/2006			S	10,000	D	\$	20,071	D		
Stock					,		26.45				
Common	12/18/2006			S	10,000	D	\$	10,071	D		
Stock							26.38				
Common								151	Ι	401(k)	

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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.

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

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ive Expiration Date ies (Month/Day/Year) ed (A) osed of		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 18.61	12/18/2006		М	40,000	01/29/2005 <u>(1)</u>	01/29/2007	Common Stock	40,0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Severson Robert J C/O CERIDIAN CORPORATION 3311 EAST OLD SHAKOPEE ROAD MINNEAPOLIS, MN 55425			Sr. VP, Corporate Technology				

# Signatures

Robert J.12/19/2006Severson12/19/2006\*\*Signature of<br/>Reporting PersonDate

### **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.