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| MACDERMI | D INC | | | | | | | | | |
|--|--|---|--|----------------|------------------------------|---|--|-------------------|---|--|
| Form 4 | | | | | | | | | | |
| February 28, 2 | | | | | | | | | | |
| FORM | 4 UNITED S | TATES | | | | | COMMISSION | | PPROVAL | |
| Check this | box | | Was | hington, D. | .C. 205 | 49 | | Number: | 3235-0287 | |
| if no longe subject to Section 16 Form 4 or Form 5 | ^{or} STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| Form 5 obligations may continue. See Instruction 1(b). 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 Re | esponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> KUKANSKIS PETER | | | 2. Issuer Name and Ticker or Trading Symbol MACDERMID INC [MRD] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (M | iddle) | | Earliest Trans | - | . 1 | (Cheo | ck all applicable | e) | |
| 245 QUASSAPAUG ROAD | | | (Month/Day/Year) 02/25/2005 | | | | Director 10% Owner XOfficer (give title Other (specify below) below) Divisional President | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| WOODBUR | Y, CT 06798 | | | | | | Form filed by M Person | More than One Ro | eporting | |
| (City) | (State) (2 | Zip) | Table | e I - Non-Deri | vative S | ecurities A | cquired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Dec (Month/Day/Year) Executi any (Month | | | | (A) or of (D) 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V A | Amount | or (D) Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | | | | | | | 100 | D | | |
| Common Stock | | | | | | | 19,086 | I | By Spouse | |
| Common Stock | | | | | | | 23,402 | I | ERISA Plan | |

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

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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. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option | \$ 33.25 | 02/25/2005 | | А | 20,000 | 02/25/2009 | 02/25/2015 | Common Stock | 20,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| KUKANSKIS PETER 245 QUASSAPAUG ROAD WOODBURY, CT 06798 | | | Divisional President | | | |

Signatures

Peter E. 02/25/2005 Kukanskis ^{**}Signature of Date Reporting Person

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).

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.