Edgar Filing: MAY DAVID - Form 4

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| MAY DAVI Form 4 | | | | | | | | | | |
|--|---|---|---|--|---------|--------------|---|--|---|--|
| November 2 FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligatio | State State FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue StateMent OF CHANGES IN 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 | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| See Instru 1(b). | | 30(h) of th | he Investment | Compan | y Act | t of 1940 | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| MAY DAVID Symbol | | | nbol | er Name and Ticker or Trading CIENT INC [PRFT] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 5914 W CO 190 | (First) (N URTYARD DR, | (Mo | Date of Earliest Tr onth/Day/Year) /29/2012 | ransaction | | - | (Check _X_ Director Officer (give ti pelow) | 10% |) Owner r (specify | |
| | | | f Amendment, Da cd(Month/Day/Year | nth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| AUSTIN, T | X 78730 | | | | | - | Form filed by Mo Person | | | |
| (City) | (State) | (Zip) | Table I - Non-D | Derivative | Securi | ties Acqui | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Y | Code | | ed of (| D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 11/29/2012 | | S | 10,000 | D | \$ 10.757 | 29,004 <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)

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| 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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title Amour Underl Securit (Instr. 1 | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
| | | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | SS | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| MAY DAVID 5914 W COURTYARD DR SUITE 190 AUSTIN, TX 78730 | Х | | | | | | | |
| Signatures | | | | | | | | |
| David D May | 11/29/2012 | | | | | | | |
| **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) The total securities owned in Tables I and II is 29,004.

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.