Edgar Filing: CALGON CARBON CORPORATION - Form 4

CALGON CA Form 4 June 29, 2005	ARBON CORPO	RATION	I									
FORM 4 OMB APPROVAL Image: Display to provide the section of								3235-0287 January 31, 2005 average rs per				
MCCONOMY THOMAS A Symbol CALGON				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
				ON CARBON DRATION [CCC]					(Check all applicable)			
(Last) (First) (Middle) 3. Date of 1 (Month/Da P.O. BOX 717 06/27/20			-					Officer (give title Other (specify below) below)				
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PITTSBURG	GH, PA 15230-07	'17							Form filed by M Person	Iore than One Re	porting	
(City)	(State) (Zip)	Table	e I - Noi	n-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code	8)	n(A) or Di (D)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/27/2005			G	V	10,000	D	\$0	3,982,365	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)

1. Title o Derivativ Security (Instr. 3)	e Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	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		

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Reporting Owners

Person

Reporting Owner Name / Addres	s	Relationships							
Treporting of the real of the of	Director	10% Owner	Officer	Other					
MCCONOMY THOMAS A P.O. BOX 717 PITTSBURGH, PA 15230-07	X 17								
Signatures									
/s/ Gail A. Gerono, POA	06/29/2005								
**Signature of Reporting	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).

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.