Edgar Filing: EAGLE MATERIALS INC - Form 4

Form 4 October 06, 2 FORM Check thi if no long subject to Section 14 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	14 UNITED STAT	Wa OF CHAN	ISHINGTON NGES IN SECUF 16(a) of th Utility Hol	, D.C. 20 BENEF RITIES ne Securi ding Con	D549 FICLA ties I mpan	AL OWN Exchange by Act of	NERSHIP OF e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type R	Responses)									
NICOLAIS MICHAEL R Symbol				d Ticker of		-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		of Earliest T				(Check all applicable)			
			/Day/Year)				X_ Director10% Owner Officer (give titleOther (specify below)below)			
DALLAS, T	onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State) (Zip)				G	•	Person			
						-	uired, Disposed of,		•	
1.Title of Security (Instr. 3)	any	emed ion Date, if h/Day/Year)	3. Transactio Code (Instr. 8)		sed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Amount	(D)	Price \$				
Stock	10/04/2006		Р	1,500	А	\$ 32.3899	9,888 (1)	D		
Common Stock	10/05/2006		Р	750	A	\$ 31.9799	, 750	Ι	By Profit Sharing Plan of Reporting Person's Employer	
Restricted Common Stock Units							3,349.7392	D		

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Common Stock	1,386 <u>(2)</u>	Ι	By wife's IRA
Common Stock	555	Ι	By wife as custodian for daughter (3)
Common Stock	555	Ι	By wife as custodian for son (3)

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NICOLAIS MICHAEL R 3811 TURTLE CREEK BLVD., SUITE 250 DALLAS, TX 75219	Х						
Signatures							
/s/ James H. Graass as Attorney-in-Fact for Michael R.							
Nicolais			10/06/2	2006			
<u>**</u> Signature of Reporting Person			Dat	e			

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) Reporting person acquired 1,500 shares through a self-directed IRA.
- (2) These shares include 186 shares (on a post-split basis) received in January 2004 in a transaction exempt from reporting under Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act").
- These shares are held by wife as custodian for the reporting person's children. The reporting person disclaims beneficial ownership of(3) these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 of the Exchange Act or for any other purpose.

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.