Edgar Filing: SIMBERG BRUCE - Form 4

SIMBERG E	BRUCE											
Form 4												
March 18, 20)09											
FORM	4					~~~				PPROVAL		
	• • UNITED S	STATES					NGE (COMMISSION	OND	3235-0287		
Check the	is box		Was	hington,	D.C. 20	549			Number:			
if no long	er		E CHAN	CEC IN I	DIANIDADI			NEDGUID OF	Expires:	January 31, 2005		
subject to)	STATEMENT OF CHANGES IN BENEFICIAL OWNER							Estimated average			
Section 1 Form 4 o		SECURITIES							burden hours per			
Form 5		uant to	Section 16	5(a) of the	- Securit	ies F	vehano	e Act of 1934,	response	0.5		
obligation	ns Section 17(a)						-	f 1935 or Sectio	'n			
may cont	inue.		of the Inv	•	•	· ·			11			
See Instru 1(b).	iction	00(11)	01 010 111	•••••••••	e e inpan	<i>j</i> = 10						
(Print or Type H	Responses)											
	11 (D) (*						5 5 1 1.				
SIMBERG BRUCE Symbo				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			21ST CENTURY HOLDING CO				.0	(Check all applicable)				
			[TCHC]									
(Last)	(First) (M	liddle)		Earliest Tra	ansaction			X Director Officer (give	title 10%	o Owner er (specify		
3661 WEST	OAKLAND PAI	2K	(Month/Da	-				below)	below)			
BLVD, SUI		XIX	05/10/20	109				Chair	man of the Boar	rd		
DL (D, SCI			4 TE A	darant Da								
				f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			Theu(Mon	ull/Day/1Cal)	, 			_X_Form filed by	One Reporting Pe	erson		
LAUDERD	ALE LAKES, FL	33311							More than One Re	eporting		
	(24-4-)	7:)						Person				
(City)	(State) (Zip)	Table	e I - Non-D	erivative	Securi	ities Acc	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date			3.				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)		on Date, if	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1130.3)		any (Month/	Day/Year)					•		Ownership		
					· · · ·		·	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Comment				Code V	Amount	(D)	Price	(
Common Stock	03/16/2009			Р	1,388	А	\$ 2.75	193,779	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)

Edgar Filing: SIMBERG BRUCE - Form 4

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (Ir
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Options	\$ 15.79					12/05/2006(1)	12/05/2011	Common Stock	10,000	
Options	\$ 13.17					12/06/2008(1)	12/06/2013	Common Stock	500	
Options	\$ 12.58					01/30/2009(1)	01/30/2014	Common Stock	4,500	
Options	\$ 4.73					01/02/2010(2)	01/02/2019	Common Stock	25,000	

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
SIMBERG BRUCE 3661 WEST OAKLAND PARK BLVD SUITE 300 LAUDERDALE LAKES, FL 33311		Х			Chairman of the Board			
Signatures								
Bruce Simberg	03/18/2009							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** 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 options vest 20% per year.
- (2) The options vest $33 \frac{1}{3}\%$ per year.

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.

<u>**</u>Signature of Reporting Person