PURE CYCLE CORP Form 3 November 04, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> HOWELL PETER C | | | 2. Date of Event RequiringStatement(Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol PURE CYCLE CORP [PCYO] | | | | | |
|--|----------|---|---|---|--|---------------------------|--|--|--|--|
| (Last) | (First) | (Middle) | 04/18/2005 | 4. Relationsh Person(s) to 2 | ip of Reporting Issuer | <u>,</u> | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | |
| C/O LIBBEY | (INC. P | O BOX | | | | | | | | |
| 10060 | | | | (Check | ck all applicable) | | | | | |
| (Street) TOLEDO, OH 43699-0060 | | | | Officer 10% Owner OfficerOther (give title below) (specify below) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| 102220,11 | 01111100 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I | Non-Deriva | tive Securiti | ies Bei | neficially Owned | | | |
| 1.Title of Secur (Instr. 4) | ity | | 2. Amoun Beneficial (Instr. 4) | t of Securities ly Owned | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | | | | |
| Reminder: Report on a separate line for each class of securities ben owned directly or indirectly. | | | ficially | SEC 1473 (7-02 | 2) | | | | | |
| Persons who respond to the collection of information contained in this form are not required to respond unless the form display currently valid OMB control number. | | | | | | | | | | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and A Securities Un Derivative Se (Instr. 4) | nderlying | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--------------------|--|----------------------------------|---|---|--|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) | |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

| Edgar Filing: | PURE | CYCLE | CORP - | Form 3 |
|---------------|------|-------|--------|--------|
|---------------|------|-------|--------|--------|

| | | | | | | | (Instr. 5) | | |
|--|-------------|-------------|---------------|------|----------|---------|------------|---|--|
| Non-statutory stock option (1) | (<u>1)</u> | 04/18/2005 | Comm stock | non | 5,000 | \$ 7.48 | D | Â | |
| Reporting Owners | | | | | | | | | |
| Reporting Owner Name / Addr | ess | Relations | nips | | | | | | |
| | Directo | r 10% Owner | Officer | Othe | er | | | | |
| HOWELL PETER C C/O LIBBEY INC P O BOX 10060 TOLEDO, OH 43699-00 | | Â | Â | Â | | | | | |
| Signatures | | | | | | | | | |
| By Mark W. Harding as Attorney-in-Fact (see Remarks) | | | | 11, | /04/2005 | | | | |
| **Signature of Reporting Person | | | | | Date | | | | |
| Explanation of Responses: | | | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) 2500 vest on the first anniversary of the grant date and 2500 vest on the second anniversary of the grant date.

Â

Remarks:

Pursuant to a Power of Attorney filed as Exhibit 24 to Form 4 filed with the commission on M

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.