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EDWARDS JOHNNY

Form 3

September 05, 2002

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

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 Securities
Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement (Month/Day/Year)	
EDWARDS JOHNNY			AUGUST 20, 2002	
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	4. Issuer Name AND Ticker or Trading Symbol CDIS
400 N. SAM HOUSTON PARKWAY E. #400				
(Street)				
HOUSTON	TEXAS	77060		5. Relationship of Reporting Person to Issuer (Check all applicable)
(City)	(State)	(Zip)		Director 10% Owner
				Officer (give title below)
				X Other (specify below)
				President - Subsidiary

TABLE I -- NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature (Instr. 6)
1. Cal Dive International, Inc. Common Stock	1317	D	
2. Cal Dive International, Inc. Common Stock	3020.529	D	
#1 Employee Stock Purchase Plan			
#2 401(k) Retirement Plan			

[illegible]

PERSONS WHO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED IN THIS FORM ARE
RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB CONTROL NUM

TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED
(E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

[illegible]

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Explanation of Responses:

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**Signa

** 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 provided 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.