

Edgar Filing: NEON SYSTEMS INC - Form 5

NEON SYSTEMS INC
 Form 5
 May 15, 2001

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 FORM 5

 OMB APPROVAL

 OMB Number: 3235-0362
 Expires: December 31, 2001
 Estimated average burden
 hours per response.... 1.0

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, DC 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- [] CHECK BOX IF NO LONGER SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1(b).
- [] FORM 3 HOLDINGS REPORTED
- [] FORM 4 TRANSACTIONS REPORTED

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol	6. Rel
Noell, III	Charles	E	NEON Systems, Inc. (NESY)	Iss
(Last)	(First)	(Middle)		
12680 High Bluff Drive, Suite 200			3. IRS or Social Security Number of Reporting Person (Voluntary)	4. Statement for Month/Year Fiscal year ended 3/31/01
(Street)				
San Diego	CA	92130		5. If Amendment, Date of Original Month/Year)
(City)	(State)	(Zip)		7. I

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIAL

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Iss Fiscal Year (Instr. 3
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9. Number of Derivative Securities Beneficially Owned at End of Year (Instr. 4)	10. Ownership of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
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7,500

D

Explanation of Responses:

(1) Option granted under the issuer's Stock Option Plan for Non-Employee Directors and will vest share increments over three (3) years.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Charle

**Signatur

*As Attor

Note. File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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