Edgar Filing: MILLER JAMES B JR - Form 4

| MILLER JA | MES B JR | | | | | | | |
|--|---|-----------------|---|---|---|--|--|--|
| Form 4 | 0 | | | | | | | |
| May 17, 201 | ЛЛ | | | | | OMB AF | PROVAL | |
| FORM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549OMB Number:3235Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESOMB Number:3235Filed 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 1940State Autor Section 1940 | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | |
| 1. Name and A MILLER JA | Address of Reporting AMES B JR | Symbol | er Name and Ticko RFACE INC [IF | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | Middle) 3. Date | of Earliest Transac | tion | (Check | c all applicable |) | |
| 2859 PACE ROAD, OV 2000 | ES FERRY FERLOOK III, SU | 05/13/ | Day/Year) 2010 | | X Director Officer (give t below) | | Owner er (specify | |
| | | | nendment, Date Ori | ginal | 6. Individual or Joint/Group Filing(Check | | | |
| | | | onth/Day/Year) | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) Ta | | ·· · · · · | Person | D (* • 1 | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed | 3.4. SeTransactionor DiCode(Instr | curities Acquired (A sposed of (D) . 3, 4 and 5) (A) or | uired, Disposed 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) | y Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Class A Common Stock | 05/13/2010 | | M 20,0 | \$ | 36,525 | 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: MILLER JAMES B JR - 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|--|--|--------------------|---|------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Sha |
| Employee Stock Option (Right to Buy) | \$ 3.6875 | 05/13/2010 | | М | 20,000 | 05/16/2001 <u>(1)</u> | 05/16/2010 | Class A or Class B Common Stock | 20,0 |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | |
|---|----------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| MILLER JAMES B JR 2859 PACES FERRY ROAD OVERLOOK III, SUITE 2000 ATLANTA, GA 30339 | Х | | | | | |
| Signatures | | | | | | |
| /s/ David B. Foshee, Attorney in Fact | | 05/14/201 | 0 | | | |
| **Signature of Reporting Person | | Date | | | | |
| Evaluation of Decanonace | | | | | | |

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) The option vested and became exercisable at the rate of 20% per year. The first increment became exercisable on May 16, 2001.

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.